

Resource Aid Requisition

(Please email form to resourceaid@uoregon.edu. Business Affairs, Student Billing.

If using grant funds, send to Sponsored Projects Services for approval)

Department			A/R [	D	Doc No			
Account Name _					Acad	Academic Year		
Index		Fund Organization Ac		Account	Progra	am Activity		
Aid may be use	d for:	(check all t	hat are appropriate)	)				
Tuition	<b>y</b>							
Other, (ple	ase sp	ecify)						
Aid restricted to								
Undergrad Full time only								
Graduate	-							
Law				_				
UO ID		Stu	dent Name	\$ Fall	\$ Winter	\$ Spring	\$ Summer	
Total								
Signatures:								
Name		Name		Signature		Phone	Date	
Department								
Sponsored Proje	ects							
Business Affairs	3							