UNIVERSITY OF OREGON | Business Affairs

Clear Form

Resource Aid Requisition

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

Department _____ **A/R Detail Code** _____ **Doc No.** _____

Account Name _____ **Academic Year** _____

Index	Fund	Organization	Account	Program	Activity

Aid may be used for: (check all that are appropriate)

☐ Tuition ☐ Mandatory Fees ☐ Not Restricted

☐ Other, (please specify) _____

Aid restricted to: **(check only ONE in each column)**

☐ Undergrad ☐ Full time only

☐ Graduate ☐ Min Credit Hours _____

☐ Law

UO ID	Student Name	$ Fall	$ Winter	$ Spring	$ Summer
Total		0.00	0.00	0.00	0.00

Signatures:

	Name	Signature	Phone	Date
Department				
Business Affairs				