



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 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					

Signatures:

	Name	Signature	Phone	Date
Department				
Sponsored Projects				
Business Affairs				