Student Award Request



California State University, San Bernardino
Student Financial Services
5500 University Parkway, UH-034
San Bernardino, CA 92407 | 909-537-5162
https://www.csusb.edu/student-financial-services

Instructions

For detailed instructions for student awards, please visit the following website: https://www.csusb.edu/student-financial-services/forms-and-how-guides Please complete this form, include all necessary supporting documentation and submit this form via email to: alexandria.mclaughlin@csusb.edu Please include Sponsored Programs review when sponsored funds are used. Please allow 5 to 10 business days to generate payment.

IMPORTANT: This form is not to be used for payroll. Please see the Accounts Payable Direct Expenditure process here: https://www.csusb.edu/accounts-payable/procedures If this is for Travel, that has not happened, please contact the travel office for assistance: https://www.csusb.edu/travel

Section One - Stud	lent Payee Inform	mation					
Date of Request: Stu	Student First Name:		Student Last Name:			Middle Initial:	
Coyote ID #:	Note: Payment will be mailed to the address on file or by direct deposit.						
Section Two - Stud	ent Award Justif	ication					
Award Purpose:							
			requirement of	the item and how it will be used	1)		
Section Three - Item Type / Chartfield String Item Type: Item Type Name or Chartfield String: XR Amount Amount XR Amou							
	ve reviewed this reses or the expenses	equest and I have t s of my supervisor. activities of CSUS	I certify that thi	thority to approve this expendits expendits expenditure is for the primary		l of aiding and sup-	
			Approver Name and Title:		Phone Number:		
Approval to Process Signature:							
Sponsored Programs Approval (if required):		ed): Nam	Name and Title:		Phone Number:		
Student Financial Aid Use Only	Financial Aid Not	*	tials:				