

# 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](mailto:alexandria.mclaughlin@csusb.edu) Please include Sponsored Programs review when sponsored funds are used. Please allow 5 to 7 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 - Student Payee Information

Date of Request:	Student First Name:	Student Last Name:	Middle Initial:
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Coyote ID #:

**Note:** Payment will be mailed to the address on file or by direct deposit.

## Section Two - Student Award Justification

Award Purpose:

Enter Justification: (Describe the benefit of this request, the requirement of the item and how it will be used)

## Section Three - Item Type / Chartfield String

Item Type:	Item Type Name or Chartfield String:	XR	Amount:
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**Note:** If this is a new item type, please complete and attach the "New Item Type" form. This can be found at: <https://www.csusb.edu/student-financial-services/forms-and-how-guides>

## Section Four - Final Review and Approval

By signing below, I have reviewed this request and I have the delegated authority to approve this expenditure. I understand that I may not approve my own expenses or the expenses of my supervisor. I certify that this expenditure is for the primary objective and goal of aiding and supplementing the instructional and service activities of CSUSB.

Requestor Name:	Email Address:	Phone Number:
Approval to Process Signature:	Approver Name and Title:	Phone Number:
Sponsored Programs Approval (if required):	Name and Title:	Phone Number:

Student Financial Aid Use Only	Financial Aid Notified: Date:	Initials:
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