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: lindsey.broadbent@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 - Student Payee Information

Date of Request:	*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 - 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:*

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:*