

## Department of Financial Services

### Tuition/Fees/Insurance Payment by Grant Funds

(This form is good for one semester only)

**This form must be submitted electronically to [sar-isp@umaryland.edu](mailto:sar-isp@umaryland.edu) with authorized signatures.**

<b>Student Name</b>		<b>Student ID</b>	
<b>School</b>	Dropdown Box	<b>GRA</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Department where Student is Employed</b>		<b>Dept. ID</b>	
<b>Contact</b>		<b>Phone</b>	

<b>Semester: (select one only)</b>	<input type="checkbox"/> <b>Summer 20</b> ____ <small>(shows in eUMB in July)</small>	<input type="checkbox"/> <b>Fall 20</b> ____	<input type="checkbox"/> <b>Winter 20</b> ____	<input type="checkbox"/> <b>Spring 20</b> ____
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Expenditure Item Date <small>*Payment will not be posted until this date</small>	Project Number	Object	Funding Source	Tuition Amount
	<i>(Up to 25 characters can be entered)</i>	4601	<i>Dropdown box (CCS, EXT)</i>	
Expenditure Item Date <small>*Payment will not be posted until this date</small>	Project Number	Object	Funding Source	Fees Amount
	<i>(Up to 25 characters can be entered)</i>	4601	<i>Dropdown box (CCS, EXT)</i>	
Expenditure Item Date <small>*Payment will not be posted until this date</small>	Project Number	Object	Funding Source	Insurance Amount
	<i>(Up to 25 characters can be entered)</i>	3774	<i>Dropdown box (CCS, EXT)</i>	

**By signing below I certify that this payment is allowable and appropriate for the funding source.**

	<p><b>Please scan and return completed form electronically to:</b></p> <p style="text-align: center; font-size: 1.2em;"><b><a href="mailto:sar-isp@umaryland.edu">sar-isp@umaryland.edu</a></b></p>
<b>Authorized Signature for Project</b>	
<b>Typed Name</b>	
<b>Title</b>	
<b>Date</b>	

**Note: Summer payments post when applied to the student, or the 1<sup>st</sup> week in July, whichever is later. Please be certain the Project ID is active and available for July charges.**