UNIVERSITY OF OREGON Business Affairs Office

Clear Form

Resource Aid Requisition

(Please send completed form to Research Services if using grant funds, Donor Relations if using Foundation funds or Business Affairs, Accounts Receivable)

Department _____ **A/R Detail Code** _____ **Doc No.** _____

Account Name _____ **Found. Fund No.** _____ **Fiscal Year** _____

Index	Fund	Organization	Account	Program	Activity

Aid may be used for: (check all that are appropriate)

☐ Tuition ☐ Mandatory Fees ☐ Resource Fees ☐ Not Restricted

☐ Other, (please specify) _____

Aid restricted to: **(check only ONE in each column) Use a separate form for each level or residency status.**

☐ Undergrad ☐ Residents ☐ Full time only

☐ Graduate ☐ Non-residents ☐ Min Credit Hours _____

☐ Law

UO ID	Student Name	$ Fall	$ Winter	$ Spring	$ Summer
Total		0.00	0.00	0.00	0.00

Signatures:

	Name	Signature	Phone	Date
Department				
Research Services				
Foundation				
Business Affairs				