UNIVERSITY OF MICHIGAN-DEARBORN

DEARBORN ADMINISTRATIVE GUIDE

Attachment II

Educational Assistance Form

Completed by Department

(If Educational Assistance was checked on the Student Payment Form, submit it to the Office of Financial Aid and Scholarships by emailing form to UMD-Resources@umich.edu placing the student last name and ID number in the subject line)

_____

(Name of Unit/Department) (Contact Name)

_____

(Email) (Telephone Number)

Student Name _____

Student Uniqname (email)_____

Student UMID _____

Date(s) of Payment _____

Type of Award _____
(Conference, Gift Card, Program Expense Reimbursed, Etc.)

Short Code _____

Awarded for Term & Year _____
(Fall, Winter, Spring/Summer)

Total Amount of Support _____
(Total amount paid to student or vendor)

PROCESSED VIA:

- □ Non-P.O. Voucher — Please provide Voucher ID (4XXXXXXX) _____
- □ Chrome River — Please provide Chrome River Voucher ID or Report ID _____
- □ Journal Entry — Please provide Journal ID (JUDBXXXXXX) _____
- □ Other — Please provide supporting ID or Number _____

_____