

FY 23-24
July 1, 2023 – June 30, 2024

Appointing Department: _____

Department Contact Person: _____ Campus Phone: _____

Student's Name: _____ URI ID# _____

Semester(s): Summer 2023 Fall 2023 Spring 2024 Summer 2024

Foundation Fund # (if applicable): _____ Item Type: *(To be completed by ES)* _____

Scholarship Name (if applicable): _____

Department's justification for waiver payments: _____

From: (This is the chartfield string to be credited)

Account <small>*Use 6582 for tuition. *Use 6583 for fees</small>	Fund	Department	Program	Project	Waiver Amount <small>(in dollars)</small>	Special Note

To: (This is the chartfield string to be charged)

Account <small>*Use 6582 for tuition. *Use 6583 for fees</small>	Fund	Department	Program	Project	Waiver Amount <small>(in dollars)</small>	Special Note

1. Department Authorization: _____ Date: _____
2. Office of Sponsored Projects (Fund 500): _____ Date: _____
3. Foundation (Fund 401): _____ Date: _____
4. Financial Strategy & Planning (all except Fund 500 & Fund 401): _____ Date: _____
5. Enrollment Services: _____ Date: _____