

Appointing Department: _____

Department Contact Person: _____ Phone: _____

Student Name: _____ URI ID #: _____

Semester(s): Summer 2024 ___ Fall 2024 ___ Spring 2025 ___ Summer 2025 ___

Foundation Fund # (if applicable): _____ Item Type (*Enrollment Services*): _____

Scholarship Name (if applicable): _____

Department Justification for Waiver Payments: _____

From: (*Chartfield String to be credited*)

Account 6582 – Tuition 6583 – Fees	Fund	Department	Program	Project	Waiver Amount (<i>in dollars</i>)	Notes

To: (*Chartfield String to be charged*)

Account 6582 – Tuition 6583 – Fees	Fund	Department	Program	Project	Waiver Amount (<i>in dollars</i>)	Notes

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