UHCO-2

REV: 9/22/2015

RESET FORM

Campus: HA

Date: 07/05/17 (mm/dd/yy)

UNIVERSITY OF HAWAII CASHIER'S OFFICE

SCHOLARSHIP/FELLOWSHIP/STIPEND PAYMENT REQUEST

- Qualified Expenses for UH Students Only
- Non-Qualified Expenses for UH Students – US Citizens Only

Document Number

SCHOLARSHIP/FELLOWSHIP/STIPEND: _____
(Circle One of the above)

TERM: E.g. Fall 2015.

DEPARTMENT	ACCOUNT CODE	SUB ACCOUNT (Optional)	SUBCODE

Student ID	Student's Name (Last Name, First Name, Middle Initial)	US Citizen(Y/N)	Qualified/ Non-Qualified(Y/N)	Amount
			TOTAL	$ 0.00

Prepared By: _____ Date: _____
Print Name & Signature

Phone: _____ Email: _____

Fiscal Certification: _____ FO Code: _____ Date: _____
Print Name & Signature

Phone: _____ Email: _____

Instructions:

All fields must be completed unless noted optional.

Submit a separate form for each term.

Submit a separate form for each account code.

FAO use only:

Received Date: _____ FAO Initial: _____

UHCO use only:

Posted date: _____ Banner detc: _____