CLEAR

Student Account Services

Departmental/Project Payment Request Form

Date: _____

From: _____ _____ _____
Requestor | Department Name | Phone

The authorization statement below must be acknowledged by an official authorizer on the Department Authorization List (DAL). Please indicate the exact amount to pay to each student's account from the department/project indicated below. Only one department/project per form.

I authorize Student Account Services to process a Departmental/Project payment from the Department/Project specified below for each student listed as indicated on this form.

_____ _____ _____
Authorized Signature | Date | Department/Project No.

Student Information					
ID	**Last Name**	**First Name**	**Academic Year**	**Term**	**Amount**
				Total	$ 0.00

For Student Account Services Use Only		
Date Received: _____	Date Processed: _____	Processed By: _____

Questions? – Send to DEPTPYMT@ucf.edu

Form 41-989 (Rev. 5/15/13)