

Office of the University Bursar (MC0143)

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E-mail: bursar@vt.edu www.bursar.vt.edu

REQUEST TO PAY FUNDS FROM SPONSORED PROGRAM ACCOUNTS ONLY

DATE:/	DEPARTMENT N	NAME		
DEPT. CONTACT	EPT. CONTACT EMAIL:			
DEPARTMENT CONTACT SI	GNATURE:			
DEPARTMENT PHONE #				
AWARD/SCHOLARSHIP NAM	ИЕ:			
BANNER FUND #	ACCOUNT	CODE 14230		
	tion awards (begin	ning with 88) must be ent	h the Tuition Remission System. ered on a VT Foundation award	
STUDENT NAME(S)	ID	AMOUNT	TERM(S)	
			·	
A letter with additional in completed, could contain through email, and use a you.	student record	l information and/or l	PII. Please do not share	
Completed form must be se form will be sent to the Burs of approval from sponsored	sar's Office for cr I programs, no cr	rediting the student(s) a redit will be posted on t	account. Without a signature	
SPONSORED PROGRAMS				
Approved by:Name (plea	se print)		tle	
Signature:		Date	: <i></i>	
SEND COMPLETED FORM TO: THIRD PARTY SUPERVISOR, OFFICE OF THE UNIVERSITY BURSAR				