

UNIVERSITY OF HAWAII CASHIER'S OFFICE

SCHOLARSHIP/FELLOWSHIP/STIPEND PAYMENT REQUEST

Campus: _____

Date: _____
(mm/dd/yy)

Document Number

- Qualified Expenses for UH Students Only
- Non-Qualified Expenses for UH Students – US Citizens Only
(non-citizen payments are processed through KFS)

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

TERM: _____

DEPARTMENT	ACCOUNT CODE	SUB ACCOUNT (Optional)	SUBCODE

Student ID	Student's Name (Last Name, First Name, Middle Initial)	Tuition & Fees Amount	Other Non-Tuition & Fee Charges	Total
TOTAL				

Department is responsible for determining student's eligibility of the payment. By signing below, preparer certifies that student(s) listed is/are eligible to receive payment.

Prepared By: _____ **Date:** _____
Print Name & Signature

Phone: _____ Email: _____

Fiscal Administrator: _____ **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.

For more information regarding the Scholarship/Fellowship/Stipend payment process, click link [HERE](#).

Home Campus FAO use only:

Received Date: _____ FAO Initial: _____

Home Campus Cashier's/Business Office use only:

Posted date: _____ Banner DETC: _____