

University of Washington
Student Fiscal Services
Student Aid Authorization - Form 2
For Pre-Set Budget Restrictions

Budget Number _____	Budget Name _____	Aid Year <u>2002-2003</u>
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- New** First Disbursement from this budget for this student for the quarter(s).
Revision Change to disbursement from this budget for this student(s).
Cancellation Cancel disbursement from this budget for this student(s).

Student #	Student Name	Total Amt Sum 2002	Total Amt Aut 2002	Total Amt Win 2003	Total Amt Spr 2003

Department Comments / Instructions:

Departmental Authorization (Required)

_____	_____	_____
<i>Department</i>	<i>Contact Person</i>	<i>Phone</i>
_____	_____	_____
<i>Authorized Signature</i>	<i>Date</i>	<i>E-Mail Address</i>

Return (either by mail or fax) to:

Student Fiscal Services
Box 355821
Fax: 685-2942 Questions: 543-4061

Keep a copy for your reference