

University of Maryland Baltimore
Tuition/Fees/Insurance Payment by Grant Funds
 (This form is good for one semester only)

Student _____
Last, First

SSN or ID _____

Department Where Student is Employed _____ GRA
yes / no

Contact _____ Extension _____

Semester: * Summer Fall Winter Spring
 (one only) (shows in eUMB in July)

| Tuition Amount | Fund | Department | Program | Acct | PCBU | Project ID | Act ID | Transaction Dept |
|------------------|------|------------|---------|------|------|------------|--------|------------------|
| | | | | 4601 | | | 00 | |
| Fees Amount | Fund | Department | Program | Acct | PCBU | Project ID | Act ID | Transaction Dept |
| | | | | 4601 | | | 00 | |
| Insurance Amount | Fund | Department | Program | Acct | PCBU | Project ID | Act ID | Transaction Dept |
| | | | | 3774 | | | 00 | |

 Authorized Signature for Project# Date

 (print or type name)

Forward completed form to: Student Accounting, 601 W. Lombard Street, Suite 206, UMB

*Summer payments post when applied to the student, or the 1st week in July, whichever is later.
 Please be certain the project you use for summer is available for July charges.