

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

Student _____
 Last, First

SSN or ID _____ GRA _____
 yes / no

Contact _____ Extension _____

Semester: Summer Fall Winter Spring
 (one only)

	(3)	(8)	(3)	(5)	(8)			
Tuition Amount	Fund	Department	Program	Acct	PCBU	Project ID	Act ID	Transaction Dept
				4601			00	06203000
Fees Amount	Fund	Department	Program	Acct	PCBU	Project ID	Act ID	Transaction Dept
				4601			00	06203000
Insurance Amount	Fund	Department	Program	Acct	PCBU	Project ID	Act ID	Transaction Dept
				3774			00	06203000

 Authorized Signature for Project # Date

 (print or type name)

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