University at Buffalo *The State University of New York* Student Academic Records & Financial Services

GRANT BILLING FORM

☐ Check if revised

A. Student Name_____ **Person Number**_____
Last First

Grant Name_____ Issuing Department ***OR*** Agency_____

Grant Number/PTA ☐☐☐☐☐☐☐ — ☐ — ☐☐☐☐☐☐ ***OR*** IFR Number ☐☐☐☐☐☐

OR

UBF Number 9☐☐☐ — ☐☐☐☐☐☐

Date Grant Terminates_____

Select Semester Covered

☐ Summer Semester 20☐☐
☐ Fall Semester 20☐☐
☐ Spring Semester 20☐☐

B. TUITION: Graduate Students Must Attach The *Tuition Remission Scholarship Verification Form*

Number of Credit Hours Funded _____ ***OR*** Lump Sum Payment _____
(For Tuition Only)

C. FEES: Check Box For Each Fee Covered By Grant **(Fees Covered at _____ Hours)**

- ☐ Transcript Fee (J)
- ☐ Campus Life Fee (L)
- ☐ Technology Fee (P)
- ☐ Health Service Fee (S)
- ☐ College Fee (U)
- ☐ Activity Fee (V)
- ☐ Transportation Fee (X)
- ☐ Athletic Fee (F)
- ☐ Microscope Fee (M)
- ☐ Medical Insurance (I)
- ☐ Dental Instrument Rental Fee (N)
- ☐ Architecture & Planning Fee (K)
- ☐ Thesis Microfilming Fee
- ☐ Other _____

Project Director (*please print name*)_____

Signature_____ **Date**_____

NOTE: **Any Fee/Cost Not Paid By The Grant Must Be Paid By The Student**

For SFP Use Only					
Date	**Code**	**Amount**	**Semester**	**Initial**	**Tap OR Other Coverages**

ONLY SUBMITTED BY DEPARTMENT TO: **Student Academic Records & Financial Services, 232 Capen Hall, University at Buffalo, Buffalo, NY 14260, (716) 645-2450, FAX (716) 645-7760**

(Revised - Aug. 2008)