



AN HONORS UNIVERSITY IN MARYLAND

Office of Financial Aid and Scholarships
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Baltimore, MD 21250

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E-Mail: <http://financialaid.umbc.edu/contact-form/>

WEB: <http://financialaid.umbc.edu/>

2017-18 FWS REQUEST FOR REIMBURSEMENT OF WAGES

Department Name: _____

Date: _____

Employee Name

Employee ID

Pay Period: **20180**

Amount: \$.

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Amount: \$.

Pay Period: **20180**

Amount: \$.

\$.

Total Reimbursement Request Amount

FUND

ATTACH COPY OF HISTORY OF EE PAY WITH THE PAYPERIOD(S) AND AMOUNT(S) HIGHLIGHTED

Program Fin

Department ID

*****THE FOLLOWING MUST BE PROVIDED IF FUND ENDS IN "3":**

Note: Fund 1253 is a grant account and FWS students cannot be paid from this fund.

Project

Activity ID

EMPLOYER CERTIFICATION

- I CERTIFY THAT THE STUDENT HAS A VALID FEDERAL WORK-STUDY AWARD AND THE STUDENT HAS EARNED THE WAGES ABOVE THAT ARE BEING REQUESTED FOR REIMBURSEMENT.

AUTHORIZED EMPLOYER (Please print name)

EMAIL

EXTENSION

AUTHORIZED EMPLOYER SIGNATURE

DEPARTMENT BUDGET RECONCILER (Please Print)

FINANCIAL AID OFFICE USE ONLY: Received Date: _____ Date Processed: _____

Authorized Award: FALL _____ - Earned to date _____ = Remaining Balance _____

Authorized Award: SPR _____ - Earned to date _____ = Remaining Balance _____

FILE COMPLETE: YES NO

Initials: _____