

FINANCIAL AID AWARD TRANSMITTAL



Click yellow sticky note
above to view form
instructions.

STUDENT ID: _____

NAME (LAST, FIRST): _____

Clear Form

MAILING ADDRESS: _____

Check if CA Resident:

Citizenship Status: _____

Visa Type: _____

Award Period: _____ -
MM DD YY

MM DD YY

AWARDS USING PAY CODES 0 - 7

FAU must be established within the University's Financial System (confirm with your department's fund manager). Account must begin with a "77" or "79"

Trans Cd (B/C)	Awd Period	AID ID	Pay Code	Total Amount	ACCT-CC-FUND-SUB-OBJ-SOURCE	NRT	NAME OF AWARD	COMMENTS
80								
80								
80								
80								

AWARDS USING PAY CODES 8 - 9

FAU must be established within the University's Financial System (confirm with your department's fund manager). Account must begin with a "77" or "79"

Trans Cd (B/C)	Awd Period	AID ID	Pay Code	Total Amount	ACCT-CC-FUND-SUB-OBJ-SOURCE	NRT	NAME OF AWARD	COMMENTS
81B								
82B		(1)		(2)		(3)	(4)	(5)
83B		(7)		(8)		(9)		(6)

Form Completed By: _____

Email Address: _____

Phone: _____

Campus Department: _____

Dept FS Code: _____

Date: _____

The purpose of this award is to further the education of the [enrolled UCLA] undergraduate student.

This award is not compensation, salary or wages for services rendered. For information on tax liability, the recipient is advised to contact the Internal Revenue Service or a tax consultant.

AWARD AND FUND SOURCE APPROVAL

DATE

NOTE: The award above may impact the recipient's existing financial aid programs. Please advise the student to consult the Financial Aid Office for more detailed information.

FINANCIAL AID USE ONLY

DATE