

2016-2017 UNDERGRADUATE STUDENT RESOURCES DISBURSEMENT FORM 2101 SAASB,
 OFFICE OF FINANCIAL AID AND SCHOLARSHIPS, UNIVERSITY OF CALIFORNIA, SANTA BARBARA Mail Code: 3180 | Fax: (805)
 893-8793 | E-mail: FinaidResource@sa.ucsb.edu | Phone: (805) 893-2432

Academic Year Deadline: July 1, 2017
Summer Term Deadline: September 15, 2017

Student Name & Perm Number <i>Student Name (Last, First, M.)</i>	Resource Title <i>(e.g. ABC Award, NSF REU, etc.)</i>	Acct & Ledger Info <i>Account/Fund/Sub & Object Code</i> <input type="checkbox"/> Restricted Fund <input type="checkbox"/> Unrestricted Fund	2016-17 Quarterly Award Amount(s) <i>Please indicate whole dollar amounts.</i>				Office Use Only
			F16	W17	S17	M17	
Perm _____ <input type="checkbox"/> Registered _____ units <input type="checkbox"/> Not Registered Name _____		_____/_____/_____ Account Fund Sub Object Code: _____	Current Distribution: \$ _____	\$ _____	\$ _____	\$ _____	
Quarter Total: \$ _____			\$ _____	\$ _____	\$ _____	\$ _____	
Perm _____ <input type="checkbox"/> Registered _____ units <input type="checkbox"/> Not Registered Name _____		_____/_____/_____ Account Fund Sub Object Code: _____	Current Distribution: \$ _____	\$ _____	\$ _____	\$ _____	
Quarter Total: \$ _____			\$ _____	\$ _____	\$ _____	\$ _____	
Perm _____ <input type="checkbox"/> Registered _____ units <input type="checkbox"/> Not Registered Name _____		_____/_____/_____ Account Fund Sub Object Code: _____	Current Distribution: \$ _____	\$ _____	\$ _____	\$ _____	
Quarter Total: \$ _____			\$ _____	\$ _____	\$ _____	\$ _____	
Perm _____ <input type="checkbox"/> Registered _____ units <input type="checkbox"/> Not Registered Name _____		_____/_____/_____ Account Fund Sub Object Code: _____	Current Distribution: \$ _____	\$ _____	\$ _____	\$ _____	
Quarter Total: \$ _____			\$ _____	\$ _____	\$ _____	\$ _____	
Perm _____ <input type="checkbox"/> Registered _____ units <input type="checkbox"/> Not Registered Name _____		_____/_____/_____ Account Fund Sub Object Code: _____	Current Distribution: \$ _____	\$ _____	\$ _____	\$ _____	
Quarter Total: \$ _____			\$ _____	\$ _____	\$ _____	\$ _____	

Comment: _____

*** By my signature here I have verified the registration status, academic standing, and qualifications of the student(s) listed above and I authorize the Office of Financial Aid and Scholarships to disburse the indicated funds.**

Prepared By: _____ Ext. _____ Authorized by*: _____ Signature _____ Department _____ Date _____

OFFICE OF FINANCIAL AID AND SCHOLARSHIPS USE ONLY			
Fund Code: _____	Class Code: _____	Processed by: _____	Date: _____