

Budget Appeal - Educational Supplies Expenses

Student's Last Name (print)

Student's First Name (print)

Date

Student's SAIC ID Number

Student's Date of Birth

Use this form to list the educational supplies paid out of pocket.

Attach a copy of your documentation/receipts to this form:
Photocopy this form if you need additional lines to document expenses.

	Date Paid	Amount Paid	Identify and <u>attach documentation</u> of payments made. <i>Copy of bill, receipt, check, etc.</i>
1		\$	
2		\$	
3		\$	
4		\$	
5		\$	
6		\$	
7		\$	
8		\$	
9		\$	
10		\$	
11		\$	
12		\$	
13		\$	
14		\$	
15		\$	
16		\$	
17		\$	
18		\$	
19		\$	
20		\$	
	GRAND TOTAL =	\$	Amount paid out of pocket as of: ____/____/20____

I declare, under penalty of perjury, that the information on this form is true, complete and accurate to the best of my knowledge. I understand that if my situation above changes, I must notify the Office of Student Financial Services Immediately.

Student Signature

Date

Parent/Spouse Signature (if applicable)

Date