

## **BUDAD**

## 2018-2019 Budget Add-On Request

A budget add-on is a request to increase your student budget or cost of attendance due to additional costs that are not a part of your basic Financial Aid University of California, Riverside student budget. These costs must be incurred during your period of attendance at University of California, Riverside for the current academic year. You must be a current, registered University of California, Riverside student to apply for a budget add-on. If your request is approved, the Financial Aid Office will add the additional costs to your budget and cover them with student loans, based on availability of funds. **Incomplete forms will delay processing.** 

t Name	First Name	S	Student Identification Number
ION 2: BUDGET AD	D-ON REQUEST		
	chased between July 1st, 2018	to June 1st, 2019)	
	-	(hardware, monitor, and printer)	
·	iter purchase allowed during at		
	g Documentation Required: atta	ach a receipt, invoice, cancelled o	checks or an estimate from an a
seller ar Renair Expenses (ma	nior car renair costs incurred fro	m September 15 <sup>th</sup> 2018 to June :	1 <sup>st</sup> 2019)
ar Repair Expenses (me	-		
	Date of Repair	Type of Repair	Cost of Repair
			\$
			\$
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repair shop.	•	ance incurred from September 1  Type of Service	\$ checks or a signed estimate from
repair shop.	Expenses (not covered by insur	·	\$ checks or a signed estimate fron .5 <sup>th</sup> 2018 to June 1 <sup>st</sup> 2019)
repair shop.	Expenses (not covered by insur	ance incurred from September 1	\$ checks or a signed estimate fron .5 <sup>th</sup> 2018 to June 1 <sup>st</sup> 2019)
repair shop.	Expenses (not covered by insur	ance incurred from September 1	\$ checks or a signed estimate fron .5 <sup>th</sup> 2018 to June 1 <sup>st</sup> 2019)
repair shop.	Expenses (not covered by insur	ance incurred from September 1	\$ checks or a signed estimate fron .5 <sup>th</sup> 2018 to June 1 <sup>st</sup> 2019)
repair shop.  Medical/Dental/Optical  Supporting	Expenses (not covered by insur  Date of Service	ance incurred from September 1	\$ checks or a signed estimate from  .5 <sup>th</sup> 2018 to June 1 <sup>st</sup> 2019)  Cost of Service  \$ \$ \$
repair shop.  Medical/Dental/Optical  Supporting provider.	Expenses (not covered by insur  Date of Service   Documentation Required: atta	ance incurred from September 1  Type of Service	\$ checks or a signed estimate from  .5 <sup>th</sup> 2018 to June 1 <sup>st</sup> 2019)  Cost of Service  \$ \$ \$
repair shop.  Medical/Dental/Optical  Supporting provider.	Expenses (not covered by insur  Date of Service  Documentation Required: atta	Type of Service  Type of Service  ach receipts, billing statements, of	\$ checks or a signed estimate from  .5 <sup>th</sup> 2018 to June 1 <sup>st</sup> 2019)  Cost of Service  \$ \$ \$ pr a signed estimate from your h
repair shop.  Medical/Dental/Optical  Supporting provider.  ION 3: LOAN REQU cases, these expenses	Date of Service  Documentation Required: atta	Type of Service  Type of Service  ach receipts, billing statements, context to an action of the context of the	\$ checks or a signed estimate from  .5 <sup>th</sup> 2018 to June 1 <sup>st</sup> 2019)  Cost of Service  \$ \$ \$ pr a signed estimate from your h
repair shop.  Medical/Dental/Optical  Supporting provider.  ION 3: LOAN REQU cases, these expenses is based on your grade	Expenses (not covered by insur  Date of Service  Documentation Required: atta	Type of Service  Type of Service  ach receipts, billing statements, context to an action of the context of the	\$ checks or a signed estimate from  .5 <sup>th</sup> 2018 to June 1 <sup>st</sup> 2019)  Cost of Service  \$ \$ \$ pr a signed estimate from your h
repair shop.  Medical/Dental/Optical  Supporting provider.  ION 3: LOAN REQU cases, these expenses is based on your grade want to borrow \$	Date of Service  Date of Service  Documentation Required: atta  EST  will be covered by a Federal Direlevel and need unless you specific	Type of Service  Type of Service  ach receipts, billing statements, contect Loan. We will award you the fy a lower amount below.	\$ checks or a signed estimate from  .5 <sup>th</sup> 2018 to June 1 <sup>st</sup> 2019)  Cost of Service  \$ \$ por a signed estimate from your has subsidized and/or unsubsidized
repair shop.  Medical/Dental/Optical  Supporting provider.  ION 3: LOAN REQU cases, these expenses is based on your grade want to borrow \$ ward me the maximum	Date of Service  Bocumentation Required: attace  EST  will be covered by a Federal Directle level and need unless you specific assubsidized loan only; do not average and subsidized loan only; do not average as the subsidized loan only as the subsidized loan only; do not average as the subsidized loan only as the	Type of Service  Type of Service  ach receipts, billing statements, context to an action of the context of the	\$ checks or a signed estimate from  .5 <sup>th</sup> 2018 to June 1 <sup>st</sup> 2019)  Cost of Service  \$ \$ por a signed estimate from your has subsidized and/or unsubsidized
repair shop.  Medical/Dental/Optical  Supporting provider.  ION 3: LOAN REQU cases, these expenses is based on your grade want to borrow \$ ward me the maximum  ION 4: CERTIFICATION AND A CERTIFICATION	Date of Service  Date of Service  g Documentation Required: atta  EST  will be covered by a Federal Directle and need unless you specific a subsidized loan only; do not avon a subsidized loan a subsidized loan only; do not avon a subsidized loan	Type of Service  Type of Service  ach receipts, billing statements, contect Loan. We will award you the fy a lower amount below.	\$ checks or a signed estimate from  .5 <sup>th</sup> 2018 to June 1 <sup>st</sup> 2019)  Cost of Service  \$ \$ \$ or a signed estimate from your be subsidized and/or unsubsidized

Scan and submit this form in PDF format **ONLY** and email to finaid@ucr.edu.

Be sure to include your full name and SID in your email and on every page.