

# Sponsor Billing Authorization Form

This form is **to be completed by the organization or institution providing financial support** for the student listed below at the University of Pennsylvania (Penn). **This form must be accompanied by a signed Sponsor Financial Agreement to authorize billing.** (See website for documents guidelines.) Please return all documentation to SRFS/Third Party Payments by email to [thirdpartybilling@pobox.upenn.edu](mailto:thirdpartybilling@pobox.upenn.edu) or by fax to 215-898-9276.

## Student Information

Last Name  First Name  Middle Initial

Penn I.D. Number  Academic Term  Contract Expires:

## What is the duration of your contract? (Please select one):

Fall only  Spring only  Fall/Spring  Duration of program

Other (please specify)

## Please check the specific fees listed below that will be paid by your organization:

**Tuition**

Fall only  Spring only  Fall & Spring  Duration as billed

OR maximum charge covered by contract \$

**Mandatory Program Fees**

Fall only  Spring only  Fall & Spring  Duration as billed

OR maximum charge covered by contract \$

**Student Health Insurance Plan**  
 (Automatically charged to all students in compliance with PA state law mandating coverage. Students may waive this fee with Penn's Student Health Service if they have comparable, U.S.-based insurance)

Fall only  Spring only  Fall & Spring  Duration as billed

OR maximum charge covered by contract \$

**Student Housing (dormitory or other Penn housing – pricing varies by location – due as billed)**

OR maximum charge covered by contract \$

**Student Meal Plan (pricing varies based on student selection – due as billed)**

OR maximum meal plan charge covered by contract \$

**Other** Please specify:

Sponsor Organization/Name

Sponsor Contact Person

Sponsor Billing Address

Sponsor Phone  Sponsor Fax

Sponsor Email  Date

**PLEASE NOTE: INVOICES WILL BE SENT VIA EMAIL AS PDF DOCUMENTS**

\*Our office will accept Sponsor Billing Forms until October 1 for the fall term and until March 1 for the spring term.

**PAYMENT IS DUE WITHIN 45 DAYS UPON RECEIPT OF INVOICE**

Signature \_\_\_\_\_