

Sponsor Billing Authorization for 2011-2012 – Part 1

This form is for use by sponsors only. A sponsor is an organization, not an individual.

If your organization is providing a scholarship, employer reimbursement, Pre-paid College Savings or 529 Plan payment, do not use this form. Please visit www.cmu.edu/hub/billing/sponsor/index.html for more information.

Carnegie Mellon University is hereby authorized to invoice the address below for the selected student account charges.

*Please attach a list of students sponsored for the 2011-2012 Academic Year and **any special invoicing requirements**. This form is not valid unless accompanied by the name of the all students being sponsored by your organization.*

Sponsor Point of Contact Information:

Contact Person Name

Contact Phone Number

Contact Fax Number

Contact E-mail Address (**Required**)

Billing Address (must include name of organization):

Organization Name

Address Line 1

Address Line 2

Address Line 3

City, State/Province, Postal Code, Country

This Sponsor Billing Authorization is valid for the students named below:

Please list ALL students who will be in attendance at CMU for the 2011-2012 academic year. Include additional pages if necessary.

Family Name, Given Name

Andrew ID (if known) or Date of Birth

1. _____
2. _____
3. _____
4. _____
5. _____

Semester(s) Covered:

Must select at least one.

For Summer-1 2010 please submit a 2010-2011 Sponsor Billing Authorization Form. For Fall 2012 please submit a 2012-2013 Sponsor Billing Authorization Form.

- Summer-2 2011 (July-Aug. 2011) Fall 2011 (Aug.-Dec. 2011) Spring 2012 (Jan.-May 2012) Summer-1 2012 (May-June 2012)

*Please complete and return this form to Enrollment Services no later than **August 15, 2011** for Fall or Full-Year Sponsorship; return by January 15, 2012 for Spring Only Sponsorship.*

*This form indicates the sponsor's authorization to be invoiced by Carnegie Mellon. This form may be completed by a student **only** if accompanied by an official letter of support from the sponsor on institutional letterhead. **The student will be responsible for any charges not paid by the sponsor.***

Sponsor Billing Authorization for 2011-2012 – Part 2

Tuition and Fees:

Contract Maximum..... Yes - \$_____ per semester / year (*please circle*) No
 Tuition..... Yes -100% Yes - ____ % Yes (*set amount*)- \$_____ No
 Fees..... Yes -100% Yes - ____ % Yes (*set amount*)- \$_____ No

Indicate **which fees** will be paid:

- All Fees**
- | | | |
|--|--|---|
| <input type="checkbox"/> Mandatory Student Activity Fee | <input type="checkbox"/> Mandatory Port Authority Transit Fee | <input type="checkbox"/> Mandatory Technology Fee |
| <input type="checkbox"/> Media Fee (<i>Undergraduate Only</i>) | <input type="checkbox"/> Orientation Fee (<i>Freshman Only</i>) | <input type="checkbox"/> Admissions Deposit Fee |
| <input type="checkbox"/> Course Materials Fees | <input type="checkbox"/> Health Services Fees | <input type="checkbox"/> Penalty Fees |
| <input type="checkbox"/> Transcript Fees | <input type="checkbox"/> Replacement ID Card Fees | <input type="checkbox"/> Fraternity/Sorority Fees |
| <input type="checkbox"/> Parking Fees | <input type="checkbox"/> Library Fines | <input type="checkbox"/> Document Mailing Charges (<i>International Only</i>) |

Insurance:

	<input type="checkbox"/> Student Only	<input type="checkbox"/> Student and Family
Mandatory Student Health Insurance...	<input type="checkbox"/> Yes -100% <input type="checkbox"/> Yes - ____ %	<input type="checkbox"/> Yes (<i>set amount</i>)- \$_____ <input type="checkbox"/> No
Enhanced Student Health Insurance....	<input type="checkbox"/> Yes -100% <input type="checkbox"/> Yes - ____ %	<input type="checkbox"/> Yes (<i>set amount</i>)- \$_____ <input type="checkbox"/> No
Dental Insurance.....	<input type="checkbox"/> Yes -100% <input type="checkbox"/> Yes - ____ %	<input type="checkbox"/> Yes (<i>set amount</i>)- \$_____ <input type="checkbox"/> No
Vision Insurance.....	<input type="checkbox"/> Yes -100% <input type="checkbox"/> Yes - ____ %	<input type="checkbox"/> Yes (<i>set amount</i>)- \$_____ <input type="checkbox"/> No

Room and Board (*Undergraduate Only*):

Dormitory/Housing.....	<input type="checkbox"/> Yes -100% <input type="checkbox"/> Yes - ____ %	<input type="checkbox"/> Yes (<i>set amount</i>)- \$_____ <input type="checkbox"/> No
Dining/Meal Plan Fees.....	<input type="checkbox"/> Yes -100% <input type="checkbox"/> Yes - ____ %	<input type="checkbox"/> Yes (<i>set amount</i>)- \$_____ <input type="checkbox"/> No
Housing Deposit.....	<input type="checkbox"/> Yes -100% <input type="checkbox"/> Yes - ____ %	<input type="checkbox"/> Yes (<i>set amount</i>)- \$_____ <input type="checkbox"/> No
Dorm Activity Fee.....	<input type="checkbox"/> Yes -100% <input type="checkbox"/> Yes - ____ %	<input type="checkbox"/> Yes (<i>set amount</i>)- \$_____ <input type="checkbox"/> No
Fraternity/Sorority Charges.....	<input type="checkbox"/> Yes -100% <input type="checkbox"/> Yes - ____ %	<input type="checkbox"/> Yes (<i>set amount</i>)- \$_____ <input type="checkbox"/> No

If paying per course, please provide the **Course Number(s)** and **Title(s)** below:

1. _____
2. _____
3. _____
4. _____
5. _____

List courses on invoice:

Yes No

\$_____ Amount per unit / class (*please circle*)

Must select "Yes (set amount)" option beside "Tuition" and provide the total amount to be paid.

Credit Balances

Any Credit Balances should be:

Refunded to the student Refunded to the sponsor Held for next semester

Other Financial Support

Is not allowed Deduct before invoicing Refund to the student

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Carnegie Mellon

Enrollment Services

Carnegie Mellon University
5000 Forbes Avenue
Pittsburgh, Pennsylvania 15213-3890
412-268-8186
Fax: 412-268-8084
thehub@andrew.cmu.edu

If any additional information, such as a signature, must appear on an invoice for it to be paid, you must include an addendum specifying your additional billing requirements.

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