University of South Florida
UCO- Student Accounting
4202 E. Fowler Ave, SVC1039
Tampa, FL 33620

Voice: (813) 974 6044 / Fax: (813) 974 3618
Email: ThirdParty@usf.edu

Third Party Billing Agreement Form

UNIVERSITY OF SOUTH FLORIDA
A PREEMINENT RESEARCH UNIVERSITY

An outside agency wanting the University to bill for a student's tuition and fees can use this form if they do not have a standard letter of authorization. Please read Agency Billing Overview, outlining the third party billing arrangement, before submitting this form. **If no other written authorization exists, this form must be submitted before 5:00 pm by the fourth day of classes. USF must have this information on file prior to be able to properly process student invoicing. In order to be invoiced for book purchases, please submit this form at least one week before classes begin. This will allow the student to purchase books prior to the start of classes.**

Sponsor's Name: _____

BILLING ADDRESS

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Country:** _____

Sponsor's Email: _____

Sponsor's Phone: (____)_____ **Contact Person:** _____

Student's Name: _____ **U#:** _____

Semesters Covered: _____
(e.g. Fall 2020)

Sponsor will pay for the following. Check all that apply and include amounts where indicated:

☐ Full Registration Fees
☐ Partial Registration Fees: $_____
☐ Registration Fees up to (max amount): $_____
☐ Registration Fees for a max number of credit hours: _____ credit hour limit
☐ Books (**this form needs to be submitted at least one week before classes begin for book billing**): $_____
☐ Dining Charges: $_____
☐ Housing Charges: $_____
☐ Health Insurance: $_____
☐ Other Fees (list fee and amounts):
    Fee:_____ $ _____
    Fee:_____ $ _____
    Fee:_____ $ _____

Please attach any special instructions or comments on a separate sheet of paper

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I hereby authorize the University of South Florida to invoice for the specified charges listed above. I have read and understood the USF's Agency Billing Overview, outlining the third party billing arrangement and I agree to the terms.

Authorized Sponsor (Print Name): _____

Authorized Sponsor Signature: _____ **Date:** _____