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 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.**

<table>
<thead>
<tr>
<th>Sponsor Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Address:</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City &amp; State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>Sponsor Phone:</td>
<td>( )</td>
</tr>
<tr>
<td>Student’s Name:</td>
<td>U#:</td>
</tr>
<tr>
<td>Semesters covered:</td>
<td>(e.g. Fall 2012)</td>
</tr>
</tbody>
</table>

**Sponsor will pay for the following (check all that apply):**

- [ ] Full Registration Fees
- [ ] Partial Registration Fees (indicate amount): __________
- [ ] Up to a # of credit hours (indicate both):
  - # credit hours (e.g., 12)
  - Maximum amount (e.g., $2000)
- [ ] Books* (indicate amount): __________
- [ ] Dining (indicate amount): __________
- [ ] Housing (indicate amount): __________
- [ ] Health Insurance (indicate amount): __________
- [ ] Other Fees (please list which ones & indicate amount): __________

*For book billing, please submit this form at least one week before classes begin.

**Comments:**

______________________________
______________________________
______________________________
______________________________
______________________________

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 Signature:** ____________________________ **Date:** ____________________________

**Authorized Sponsor (Print Name):** ____________________________