



This form must be submitted each semester for each student.

Sponsor name and address for billing:

Contact Information:
 Name _____
 Phone _____
 Fax _____
 Email _____

Kansas State University Controllers
Sponsorship Third Party Billing
 211 Anderson Hall
 Manhattan, KS 66506
 785-532-6317

Student Name Last, First, MI	ID Number	Credit HR Max or Dollar (\$) Max	Tuition	Campus Fees	Semester to be Sponsored	Parking Permit	Late Fees	ID Card	International Surcharge	Other Fees Paid/Specify
Example, Jane D	xxx-xx-xxxx	12	Yes	Yes	Sp08, F08, Su08	No	No	No	Yes	Housing

Authorized signer print name and title:

Authorized signature and Date:

~~~~~IMPORTANT~~~~~

- *The current tuition and fee schedule can be found at: <http://www.k-state.edu/controller/cashiers/tuitionfeesinfo.html>
- *Please print and return this completed form along with your company documents (if applicable) by mail to the address listed at the top or by fax to 785-532-6454.
- *Kansas State University cannot accept credit card payments on Sponsorship Third Party Billing.
- *Students are responsible for providing grades to sponsor if required.
- *Refer all inquiries, authorizations and payments to Mandy, Theresa or Jim K. at the fax, phone or address listed above.

