TUITION PAID IN LIEU OF SALARY - FOR DEPARTMENTAL USE ONLY

KSU Department and Address:

_____
_____
_____
_____

Contact Information:

Name _____
Phone _____
Fax _____
Email _____

Division of Financial Services
Sponsorship Third Party Billing
211 Anderson Hall
Manhattan, KS 66506
785-532-6317

Student Name Last, First, MI	WID	FIS Account (Project/Source/Org.) to be charged	Academic Term	Credit Hours	Estimated Tuition	Campus Fees	Other Fees Paid/Specify	Estimated Total Tuition and Fees

*Department accounts will be charged after 20th day of class.
*Student will be taxed in accordance with requirements associated with salary reporting. Payroll will be notified of the estimated amount, and actual amounts, for withholding purposes. Students will be notified that tuition support will be taxed as salary.
**This form must be submitted each semester for each student.*

Department Authorized Signature: Date:

_____ _____

~~~~INSTRUCTIONS~~~~

*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 by mail to the address listed at the top of this form, or by fax to 785-532-6454.
*To request an electronic version of this form or for all other inquiries, contact Drue or Misty at the fax, phone, or address listed above.