TUITION PAID IN LIEU OF SALARY - FOR DEPARTMENTAL USE ONLY

KSU Department and Address:

Contact Information:

Name

Phone Fax

Fax ______Email _____

Kansas State University

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 Michelle or Mandy at the fax, phone, or address listed above.