

***This form must be submitted each semester.***

Sponsor name and address for billing:

Contact Information:

Name \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Kansas State University Div Fin Svcs

**Sponsorship Third Party Billing**

211 Anderson Hall

Manhattan, KS 66506

785-532-6317

sponsorship@ksu.edu

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/finsvcs/cashiers/costs/>

\*Please print and return this form along with your company documents (if applicable) to the e-mail address listed at the top.

\*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 [sponsorship@ksu.edu](mailto:sponsorship@ksu.edu).

**Sponsorship Third Party Billing**  
**CONTINUED**

**Sponsor name:**

**Contact Information:**

Kansas State University Div Fin Svcs  
**Sponsorship Third Party Billing**

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