



# MIT SPONSOR BILLING AUTHORIZATION FORM

This form is **to be completed by the organization or institution providing financial support** for the student listed below at the Massachusetts Institute of Technology (MIT). **This form must be accompanied by a signed Sponsor Financial Agreement to authorize billing.** (See [website](#) for documents guidelines.) Please return all documentation to David Andre by email to [dandre@mit.edu](mailto:dandre@mit.edu) or by fax to 617-648-9968.

STUDENT NAME: \_\_\_\_\_  
Last First Middle

MIT ID: \_\_\_\_\_ CONTRACT EXPIRES: \_\_\_\_\_

**What is the duration of your contract? (Please select one):**

- Fall only       Spring only       Fall & Spring       Duration of program

Other (please specify): \_\_\_\_\_

**Please check the specific fees listed below that will be paid by your organization:**

**Tuition**

- Fall only       Spring only       Fall/Spring       Duration: As billed  
 OR maximum charge covered by contract \_\_\_\_\_

**Mandatory Program Fees/Student Life Fee**

- Fall only       Spring only       Fall/Spring       Duration: As billed  
 OR maximum charge covered by contract \_\_\_\_\_

**Student Health Insurance Plan**

(Automatically charged to all students in compliance with MA state law mandating coverage. Students may waive this fee with [MIT Medical](#) if they have comparable, U.S.-based insurance)

- Fall only       Spring only       Fall/Spring       Duration: As billed  
 OR maximum charge covered by contract \_\_\_\_\_

**Student Housing (dormitory or other MIT housing- pricing varies by location – due as billed)**

- OR maximum housing charge covered by contract \$ \_\_\_\_\_

**Student Meal Plan (pricing varies based on student selection – due as billed)**

- OR maximum meal plan charge covered by contract \$ \_\_\_\_\_

**Other**

Please specify: \_\_\_\_\_

SPONSOR ORGANIZATION/NAME: \_\_\_\_\_

SPONSOR CONTACT PERSON: \_\_\_\_\_

SPONSOR BILLING ADDRESS: \_\_\_\_\_

SPONSOR PHONE: \_\_\_\_\_ SPONSOR FAX: \_\_\_\_\_

SPONSOR E-MAIL: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE NOTE: INVOICES WILL BE SENT VIA EMAIL AS PDF DOCUMENTS

**\*Our office will accept Sponsor Billing Forms until October 1 for the fall term and until March 1 for the spring term.**

**PAYMENT IS DUE WITHIN 30 DAYS UPON RECEIPT OF INVOICE**