

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 our [website](#) for document guidelines. Please return all documentation to Student Financial Services by email to sfs@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 (residence hall 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 EMAIL: _____

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