

## 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 <u>website</u> for document guidelines. Please return all documentation to Student Financial Services by email to <u>sfs@mit.edu</u> or by fax to 617.648.9968.

STUDENT NAME:	:				
	:Last		First	Middle	
MIT ID:	D:CONTRACT EXPIRES:				
What is the dura  ☐ Fall only	tion of your contract'		<u>e</u> : □ Duration (	of program	
☐ Other (please s	pecify):				
Please check the specific fees listed below that will be paid by your organization:					
	Fall only <u>DR</u> maximum charge co			☐ Duration: As bille	ed
<ul> <li>Mandatory Program Fees/Student Life Fee</li> <li>□ Fall only</li> <li>□ Spring only</li> <li>□ Fall/Spring</li> <li>□ Duration: As billed</li> <li>□ OR maximum charge covered by contract</li> </ul>					
this fee with MI	Insurance Plan charged to all students Thealth if they have cofall only DR maximum charge co	omparable, U.Sba	sed insurance)  □ Fall/Spring	☐ Duration: As bille	•
☐ 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:				
SPONSORORG	SANIZATION/NAME:				
SPONSOR CON	NTACT PERSON:				
SPONSOR BILL	ING ADDRESS:				
	NE:				

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.