



Departmental Billing Form for Student Fee Pay Authorization

Form must be submitted to the Office of Student Business Services **no later than the third day of the semester** or as early as possible.
You must advise students that your payment of their tuition may have an effect on their financial aid award.

Department: _____

Term: _____ Year: _____

OMNI Dept ID & Fund to be billed: _____

Project ID: _____

*Note: Tuition cannot be billed to an E&G fund

Department Head/Principal Investigator Printed Name

Department Head/Principal Investigator Signature

Contact Person

Phone _____ Email _____

| | STUDENT NAME | FSUSN | AMOUNT |
|-----|--------------|---------------|--------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |
| | | Total: | |

Sponsored Research Stamp, if applicable:

Received by Student Business: ____/____/____
Entered by Student Business Employee: _____