



Third Party Billing Authorization

Section A. Sponsor Information			
Sponsor Name:		Contact Name:	
Address:			Phone:
			Fax:
			E-Mail
		Vendor ID (If known):	
Section B. Student Information			
If you want to provide authorization for more than one student please attach a list with the names, student ID numbers and maximum dollar amount (if applicable) for any students not listed in Section B			
Student Name:		UVic ID	Maximum Dollar Amount (If applicable)
			(YEAR)
Authorized Terms (Check all that apply):		Fall Term (Sep – Dec)	
		Spring Term (Jan – Apr)	
		Summer Term (May – Aug)	
If authorizing for multiple years:		From:	To:
		Term / Year	Term / Year
We request UVic issue T4A <input type="checkbox"/>		or	Sponsor will issue T4A tax form
Section C. Authorized Coverage			
Please indicate the charges which you will accept to pay for as a sponsor.			
Sponsor Billing Categories		I authorize the University of Victoria to invoice for the charges as outlined:	
Mandatory Student Charges <input type="checkbox"/> Tuition <input type="checkbox"/> Athletics Graduation <input type="checkbox"/> Bus Pass <input type="checkbox"/> Student Society			
Mandatory if no Plan elsewhere		Authorized Sponsor Signature: (Full regular signature within box above)	
<input type="checkbox"/> Health Insurance and Dental Plan (s)			
Office Use Only			

Return completed form to:

Accounting Services
Tuition Fees
PO Box 3040 STN CSC
University of Victoria V8W 3N7
Telephone: 250-721-8824
Fax: 250-721-6221