



Third Party Billing Authorization

Section A. Sponsor Information			
Sponsor Name:		Contact Name:	Vendor ID (If known):
Address:		Phone:	
		Fax:	
		E-Mail	
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
Section C. Authorized Coverage			
Please indicate the charges which you will accept to pay for as a sponsor.			
Sponsor Billing Categories \$250 Deposit \$500 acceptance fee Balance of housing fees		I authorize the University of Victoria to invoice for the charges as outlined: Authorized Sponsor Signature: (Full regular signature within box above)	
Mandatory Student Charges \$250 Deposit \$500 acceptance fee Balance of housing fees			
Office Use Only			

Return completed form to:

By Email: resacct@uvic.ca
 By Mail: Residence Services - Accounting
 PO Box 1700 STN CSC
 Victoria BC V8W 2Y2
 Telephone: 250-472-4712