



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: (term/year)		To: (term/year)	
We request UVic issue T4A		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				
Tuition	Athletics			
Bus Pass	Student Society			
Mandatory if no plan elsewhere				
Health Insurance and Dental Plan (s)		Authorized Sponsor Signature (Full regular signature must be within box above)		
Office Use Only				

Return completed form to:

By Email: tuition7@uvic.ca

By FAX: 250-721-6221

By Mail: Tuition Fees – University of Victoria
PO Box 1700
Victoria, BC V8W 2Y2

Telephone: 250-721-8824