



**COLLEGE/DEPARTMENT STUDENT ACCOUNT PAYMENT REQUEST FORM**

Bill to	Term and Campus	System Part of Payment Account
Department Name _____ Point of Contact _____ Email Address _____ Phone _____	Fall _____ Spring _____ Summer _____  Campus Student is Registered _____ *One Campus Per Form*	          <b>**One System Part Per Form**</b>
Payment Due <u>30 Days from Invoice Date</u>  <b>***All Graduating Students Must be paid before graduation***</b>  All Students must be paid before semester end  <b>CONTRACTS WILL BE REVERSED FOR UNPAID STUDENTS AND STUDENTS WILL OWE BALANCE</b>	Invoice Date After 20 <sup>th</sup> Class Day of Semester  Invoice Method Flywire Third Party Invoicing (web platform)  <b>All are required to set up an online account to access invoices</b>  Email(s) will be sent to Point of Contact when Invoices are available for viewing	Point of Contact (POC) will receive an email with a link to view the invoice.  <b>If POC already has an account in Flywire, they will need to log in to view the invoice.</b>  <b>If no account has been set, the POC will need to set up an account before being able to view the invoice.</b>

UIN	Student Name	Contract Number	Maximum Amount (if needed)

Thanks and Gig ‘Em!

