



Sponsor Tuition Billing Authorization

Instructions:

Deadline: By posted payment deadlines

- Attach typed or excel spreadsheet with list of student information for billing.
- Form to be completed each semester

Submit form and documentation to Cashier's Office via:

Scan & E-mail: sponsor.billing@aims.edu

Semester: ☐ Fall ☐ Spring ☐ Summer Year _____

Name of Entity : _____

Address: _____

Prepared By: _____ Phone: _____

E-mail: _____

Contact Person for Billing: _____ ☐ Same as Above

Phone _____ Email: _____

Signature: _____

Payment Coverage Information

Check All That Apply.

Failure to complete this section will delay invoicing and impact student billing. Students/parents are held responsible for all payments until Sponsor Tuition Authorization has been received.

Tuition Only: ☐ Yes ☐ No

Fees: ☐ Yes ☐ No

☐ Special Instructions/Comments

☐ Payment by Course: CRN Numbers: _____

Special Instructions/Comments: Payor of last resort: ☐ Yes ☐ No *(Indicate Yes if all scholarships/grants are to be applied first before billing sponsor)*

