

**INTERNAL BILLING AUTHORIZATION**

**DIRECTIONS**—Use this form to set up internal billing authorizations on student accounts. Authorizations must be submitted before the due date of the first student bill. Please go to [http://onestop.umn.edu/finances/pay/where\\_when\\_how/index.html](http://onestop.umn.edu/finances/pay/where_when_how/index.html) for applicable payment due dates. Late payment fees and installment/re-billing fees that result from submitting authorizations after the first student due date will not be waived. If you want to provide authorization for more than one student, you may attach a list with the names, student ID numbers, and maximum dollar amounts for any students not listed in Section B.

**RETURN FORM TO:**

Third Party Billing  
 University of Minnesota, Twin Cities  
 169 Fraser Hall  
 106 Pleasant Street SE  
 Minneapolis, MN 55455  
 Phone: 612-625-8559  
 Fax: 612-626-0387  
 Email: [tpbill@umn.edu](mailto:tpbill@umn.edu)

Go to [z.umn.edu/fmv](http://z.umn.edu/fmv) for tuition and fee rates.

To ensure privacy online, open in Adobe Reader (free at Adobe.com).

| SECTION A. Department information |              |                        |
|-----------------------------------|--------------|------------------------|
| Department name                   | College      |                        |
| Contact name                      | Phone number | Contact person's email |
| Chartfield string                 |              |                        |

| SECTION B. Student information  |               |
|---|---------------|
| Name (last, first, middle initial)  | University ID |
| Authorized terms (check all that apply): <input type="checkbox"/> fall term 20__ <input type="checkbox"/> spring term 20__ <input type="checkbox"/> May/summer term 20__<br>If the award is authorized for multiple years: <input type="checkbox"/> fall term <input type="checkbox"/> spring term 20__ <b>to:</b> <input type="checkbox"/> fall term <input type="checkbox"/> spring term 20__ |               |

**SECTION C. Authorized coverage**

Check the internal billing category that corresponds to the charges you want to set up for internal billing. If applicable, enter the maximum dollar amounts that the department will pay for each specific charge.

| Internal billing categories  | Maximum \$ amount | Additional information: |
|--|-------------------|-------------------------|
| <input type="checkbox"/> Collegiate fees                                   | \$                |                         |
| <input type="checkbox"/> Course fees                                       | \$                |                         |
| <input type="checkbox"/> Late payment and installment plan/re-billing fees | \$                |                         |
| <input type="checkbox"/> Late registration fees                            | \$                |                         |
| <input type="checkbox"/> Optional fees                                     | \$                |                         |
| <input type="checkbox"/> Required fees                                     | \$                |                         |
| <input type="checkbox"/> Health insurance                                  | \$                |                         |
| <input type="checkbox"/> Tuition   | \$                |                         |
| <input type="checkbox"/> Other (please specify)                            | \$                |                         |



To request copies of this form in an alternative format, please call a Disability Resource Center liaison for financial aid at 612-625-9578. The University of Minnesota is an equal opportunity employer and educator. This form is printed on paper made from no less than 20 percent post-consumer waste.