



Attn: Cashiering  
 8295 E College Dr  
 Palmer AK 99645

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## Authorization for Billing

Must be completed each semester

The following can be billed for services rendered. Please charge expenses to our agency/company as described below:

### Agency/Company Information

Name: \_\_\_\_\_

Billing/Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

### Students/Items Authorized for Billing

This can include but is not limited to: tuition, course fees, testing fees, textbooks and supplies.

| University Student ID#           | Name of Student | Items Authorized | Amount not to exceed |
|----------------------------------|-----------------|------------------|----------------------|
|                                  |                 |                  | \$                   |
|                                  |                 |                  | \$                   |
|                                  |                 |                  | \$                   |
|                                  |                 |                  | \$                   |
|                                  |                 |                  | \$                   |
|                                  |                 |                  | \$                   |
|                                  |                 |                  | \$                   |
|                                  |                 |                  | \$                   |
|                                  |                 |                  | \$                   |
|                                  |                 |                  | \$                   |
| Total Amount Authorized to Bill: |                 |                  | \$                   |

Signature

Printed Name

Date