Indiana University of Pennsylvania Employer Tuition Payment/Reimbursement Form

Student's Name		ID# @	
Address		(Indicated on billing statement)	
City	State	Zip code	
Home phone	w	ork Phone	
Please indicate the seme will only be honored for o		ne employer payment form is to be used. This voucher	
Semester/term	Year	Courses	
I am employed by where I am eligible for coverage by a tuition reimbursement plan. I therefore request a payment extension for my tuition/fees. I understand that my account will be assessed a \$30 payment plan fee. If payment in full is not received within four weeks after the grade reports are mailed, I assume full financial responsibility for my entire outstanding balance and authorize Indiana University of Pennsylvania to charge this balance to my credit card. Master Card/Visa/Discover (circle one) number			
	To Do Complet	ad Dy Employer	
And is eligible for covera Please indicate below th Tuition Date payment will be ma I certify that the above-na	is eage by our tuition reimbursement age by our tuition reimbursement amount age percentage or maximum amount age and to IUPailed to IUP amed employee is eligible for the age of the age	Other Should company be billed directly he benefits indicated and that payment will be mailed	
•	e month after receipt of grade re		
Name and Title			
Signature		Date	

Mail this form by billing due date to: Student Accounts Receivable, Clark Hall, 1090 South Drive, Indiana University of Pennsylvania, Indiana, PA 15705