

Third Party Billing

Please read the following then sign and date at the bottom acknowledging that you have read the following statement and understand Metropolitan State University's Third Party Billing policy. A signed copy of this notice must be returned before Metropolitan State University will invoice your Third Party Employer/Funding Agency for tuition and other authorized charges.

I,	understand Metropolitan State
University's policy for Third Part	y Billing. If my employer/funding agency does
not pay within 90 days of the or	riginal invoice sent to them by Metropolitan State
University I will be responsible f	for full payment of charges. Students are
ultimately responsible for all tuit	tion, fees and book costs. Students should check
with their employer/funding age	ency throughout the semester to verify payment
and/or payments to be made, s	tudents are also responsible for providing the
correct information including ini	tial class schedules, tuition statements, and book
costs to their third party. Metro	ppolitan State University will send an initial
invoice, and thereafter will send	d an invoice every 30 days regarding tuition and
related expenses to be paid by	your employer/funding agency. If payment is no
received, the student will then b	pe invoiced.
	will allow Metropolitan State University to invoice This signed policy will remain in effect for the politan State University.
Student Name (printed):	Student ID:
Student Signature	Dato