

THE UNIVERSITY OF WINNIPEG

Authorization to Invoice Form

Graduate and Undergraduate Studies

Sponsor Acc	ount Name:	draduate and one	reigiadate b	caares			
Sponsor Account Number:			Date: Academic Year:				
Contact Pers	on's Name & Title:						
Phone #:			Email:				
Financial Co	ntact Name:						
Phone #:			Email:				
Billing Addre	ss:						
Authorized Signature: Print Name:							
Student Number	Student First Name	Student Last Name	Tuition Fee Limit	Please Check Terms Covered by sponsorship		Graduate or Undergra- duate Studies?	
(seven digits)			(if applicable)	Fall (includes F/W)	Winter	Spring/ Summer	Mark G or U
Does sponsorship cover the UWSA Health Plan fees? Yes \(\bigcup \) No \(\bigcup \) (Please note: It is the student's responsibility to opt out of the UWSA Health Plan if he or she has alternate health insurance. To do so, he or she can visit theuwsa.ca or contact the UWSA Health Plan office at 204-786-9992) Does sponsorship cover locker fees? Yes \(\bigcup \) No \(\bigcup \) Does sponsorship cover the UWSA Transit U-PASS? Yes \(\bigcup \) No \(\bigcup \) Send one completed form to The University of Winnipeg, Student Financial Services							
Attention: Student Financial S The University of W 515 Portage Ave. Winnipeg, MB, R3B Ph: 204.786.9884 Fax: 204.783.4996 e.proctor@uwinnipe	innipeg 2E9	For office use.					