

THE UNIVERSITY OF WINNIPEG

Authorization to Invoice Form

Graduate and Undergraduate Studies

Sponsor Account Name:		
Sponsor Account Number:	Date:	Academic Year:
Contact Person's Name & Title:		
Phone #:	Email:	
Financial Contact Name:		
Phone #:	Email:	
Billing Address:		

Authorized S	Signature:	Pr	int 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 No 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, ne or she can visit theuwsa.ca or contact the UWSA Health Plan office at 204-786-9992) Does sponsorship cover locker fees? Yes No Does sponsorship cover the UWSA Transit U-PASS? Yes No Does sponsorship cover the UWSA Transit U-PASS? Yes No Does Sponsorship cover the UWSA Transit U-PASS?								
	Send one comple	ted form to The Unive	ersity of Winnipe	eg, Student F	Financial Se	ervices		
Attention: Student Financial S The University of M 515 Portage Ave. Winnipeg, MB, R3E Ph: 204.786.9884 Fax: 204.783.4996 Sponsor.student.tu	/innipeg 3 2E9	For office us	e:					