

**INDIANA UNIVERSITY OF PENNSYLVANIA
Employer Tuition Payment/Reimbursement Form**

This form is not applicable if we are to bill your employer directly.

Note: Complete and submit this form along with any payment due that is not reimbursed by your employer by the due date indicated on your first semester invoice. If completed form is not returned by the due date, you will be required to make either full tuition payment or the installment payment due.

Student's name _____ ID# @ _____
(Indicated on the billing statement)

Address _____

City _____ State _____ Zip code _____

Home phone _____ Work phone _____

Please indicate the semester/term and year for which the employer payment form is to be used. This voucher will only be honored for one semester/term.

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. **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 will receive a \$100.00 late fee for the semester.**

I have read and understand the terms of this agreement. I realize that failure to pay by the extended due date will subject my account to a \$100.00 late payment fee and that future registration and release of academic records will be denied until the account is settled. I am also responsible for any penalties arising from collection of this balance.

Signature _____ Date _____

TO BE COMPLETED BY EMPLOYER

I confirm that _____ is employed by _____ and is eligible for coverage by our tuition reimbursement plan.

Please indicate below the percentage or maximum amount your company will pay for the following fees:

Tuition _____ Other University Fees _____

Reimbursement to Employee _____ Payment Sent Directly To IUP _____

I certify that the above named employee is eligible for the benefits indicated.

Name and Title _____

Signature _____ Date _____

Mail to Bursar's Office, 1090 South Drive, Indiana University of PA, Indiana, PA 15705-1087 (by billing due date)