



INDIANA UNIVERSITY OF PENNSYLVANIA
Employer Tuition/Fee Reimbursement Form

Office of Student Billing
1090 South Drive
Indiana, PA 15705

Note: A completed form along with any payment due that is not reimbursed by your employer must be submitted by the due date indicated on your billing statement. If payment is not made by due date, your account will be subject to late payment fees.

Student's Name _____

Student's ID @ _____ IUP Email _____ Work Email _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Work Phone _____

Please indicate the semester and year for which the employer payment form is to be used.
This voucher will be honored for the semester indicated below.
This voucher will not be honored if the payment becomes delinquent.

Semester _____ Year _____

My employer is listed below. I am eligible for coverage by a tuition reimbursement plan.

I therefore request a payment extension for my charges on my student account.

I understand that my account will be assessed a fee of \$40 to participate in the employer reimbursement plan.

If payment in full is not received within four weeks after the grade reports are posted, I assume full financial responsibility for my entire outstanding balance and will receive up to \$100 in late fees 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 late payment fees (up to \$100) and a financial hold which may prevent future registration and release of academic records. I am also responsible for any penalties arising from collection of this balance.

Signature _____ Date _____

TO BE COMPLETED BY EMPLOYER

I confirm and certify that the IUP student above is an employee that is eligible for coverage by our tuition/fee reimbursement plan.

Employer Name _____

Employer Address _____

Please indicate the percentage or maximum amount your company/school district will pay for the following:

Tuition Only _____ Tuition & Fees _____ Other University Fees _____

Check one: Reimbursement will be given to the employee Payment will be sent directly to IUP

Name _____ Title _____

Signature _____ Date _____

Email or Mail this form to: Student Billing

Email: Student-Billing@iup.edu

Address: 1090 South Drive - Clark Hall
Indiana, PA 15705