Office of the University Controller
Florida State University

Student Business Services
1500 University Center A
Tallahassee, FL 32306-2394
Ph: (850) 644-9452 Fax: (850) 644-5142
CTL-TPC@fsu.edu

Procedure: Departmental Billing Form for Student Fee Pay Authorization

Overview:

The Departmental Billing Form for Student Fee Pay Authorization is submitted to the Office of Student Business Services by departments who are using funds from an auxiliary or grant budget to pay for student tuition. Each department using a grant budget must receive budget approval from Sponsored Research Accounting Services in order for the billing to be processed. This form is due to the Office of Student Business Services by no later than the fourth day of each semester. Departments must advise students who are receiving departmental billings that they should report these billings on their Financial Aid Student Toolkit, as these payments may have an affect their financial aid award. Departmental billing forms will not be accepted for prior term charges, accounts with cancelled schedules, or for monies drawn from an E & G fund.

I. Completing the Form:
Please adhere to the following instructions for completing and submitting the departmental billing form:

    a.   Enter Department Name and select the Year and Term for billing payment.

*NOTE: A separate form must be completed for each term you wish to provide the student a departmental billing.

    b.   Enter six-digit department ID number and three-digit fund code of budget to be billed
        (Ex: 123456 789)
    c.   Enter project number (if applicable).

*NOTE: All budgets consisting of a fund code between 500-599 and 800-899 require a project ID number.

    d.   Enter name of Department Head /Principal Investigator and provide signature.

*NOTE: Unsigned forms will automatically be rejected.

    e.   Enter department contact person's name, phone number and email address.
    f.   List all students covered under the budget entered on form. List student name, EMPLID (not SSN), Amount to be billed, and charges to be paid. The total amount will auto-calculate.
    g.   Once completed, submit form to appropriate office for approval and processing.
    h.   All billings will be entered into the University Cashiering System by the Office of Student Business Services.
    i.   Departmental billings must be received and entered before financial aid disbursement. Refunds for billings received after disbursement will take 5 business days for processing.
    j.   If billing is submitted after financial aid disbursement, the department must notify the student and the Office of Financial Aid of departmental payment. Unreported billings may result in student financial aid overawards.
    k.   Departmental billings will not be accepted for prior term charges, accounts with cancelled schedules or for monies drawn from an E&G fund.
    l.   Departmental billings submitted with a project number will not be processed without approval from Sponsored Research Accounting Services.
    m. Departments using departmental billings in conjunction with a matriculation waiver should contact Sponsored Research Accounting Services before submitting form for Grant Compliance approval.

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Departmental Billing Form for Student Fee Pay Authorization

Form must be submitted to the Office of Student Business Services **no later than the fourth day of the semester** or as early as possible.
You must advise students that your payment of their tuition may have an effect on their financial aid award.
Please submit a separate form for each term in which you wish to provide the student with a departmental billing.

Department: _____   Term: _____   Year: _____

OMNI Dept ID & Fund to be billed: _____   Project ID: _____
*Note: Tuition cannot be billed to an E&G fund

_____
Department Head/Principal Investigator Printed Name   Department Head/Principal Investigator Signature

Contact Person _____   Phone _____   Email _____

	STUDENT NAME	EMPLID	AMOUNT and CHARGE TYPE
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
		Total:	

Sponsored Research Stamp, if applicable:

Received by SBS Staff: _____/_____/_____
Entered by SBS Employee: _____

Revised 11/18