



Third Party Billing Form
Business Office
671 Winyah Drive
Orlando, FL 32803
Fax: 407-303-7680

If you would like an invoice to be sent to a 3rd party organization for tuition/fees, please review the 3rd party organizations listed below & email completed form to your Student Account Manager assigned by last names. Yahaira Valles (last name A-M): yahaira.valles@ahu.edu or Kimberly Cherella (last name N-Z): kimberly.cherella@ahu.edu. The Business Office is located on the second floor of the Campus Center building in Financial Services. A new form is required each academic year or if there are any changes to your 3rd party organization.

Student Name _____ **ID #** _____ **Date** _____

Academic year: _____ **Select Trimester:** Fall Spring Summer

Check details below for your 3rd Party Organization:

***GUILD Learners:** Please upload your Sponsorship Letter at my.ahu.edu | [Guild Student Identification Form | my.ahu.edu](#). This step is required each term for proper invoicing.

AH Sponsored Students: MS Spiritual Care or Residents in MHA/MBA dual degree
Please provide Organization Details below and send completed form to kimberly.cherella@ahu.edu

Florida Prepaid: Restricted (invoice per credit hr) or Unrestricted (invoice full amount) New students need to complete the Transfer Authorization with Florida Prepaid and provide proof to AHU.

Educational Subsidy:

Name of Conference or College providing subsidy _____

Address _____

Phone # _____ Email _____

Employee Name _____

FL DOE Vocational Rehabilitation:

Contact Name _____

Address _____

Phone # _____ Email _____

Other 3rd Party billing information not listed above:

Organization and/or Contact Name _____

Address _____

Phone # _____ Email _____