



**Third Party Billing Form – On Campus**

Financial Services

671 Winyah Drive

Orlando, FL 32803

Fax: 407-303-7680

Email: [terri.roche@ahu.edu](mailto:terri.roche@ahu.edu)

*If you would like an invoice to be sent to a 3<sup>rd</sup> party organization for tuition/fees, please select one of the 3<sup>rd</sup> party organizations listed below & return completed form to Terri Roche (last name A-M) or Kimberly Cherella (last name N-Z), located on the second floor of the Campus Center building in Financial Services. A new form is only required if there are any changes to your 3<sup>rd</sup> party organization.*

**Student Name** \_\_\_\_\_ **ID #** \_\_\_\_\_ **Date** \_\_\_\_\_

**Academic year:** \_\_\_\_\_ **Select Trimester:** ☐ Fall ☐ Spring ☐ Summer

**Check one of the 3<sup>rd</sup> Party Organizations below:**

**Florida Prepaid:** ☐ **Restricted** (invoice per credit hr) or ☐ **Unrestricted** (invoice full amount)

Student must provide copy of Florida Prepaid card with this form.

**Educational Subsidy:**

Name of Conference or College providing subsidy \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Employee Name \_\_\_\_\_

**Vocational Rehabilitation:**

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

**Other 3<sup>rd</sup> Party billing information not listed above:**

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Contact Name \_\_\_\_\_