

Billing Verification Form

American Language and Culture Program (ALCP)

College of Extended Education and International Programs

This form is to be used by partner institutions to request special invoicing/payment arrangements with CSUMB's American Language and Culture Program (ALCP). Please fill out the sections A and C, sign and return to Mahshid Bozorgnia at: mbozorgnia@csumb.edu

A. Partner Institution Information

Institution Name:	Project Coordinator, and Department:
Email:	Phone Number:
Billing Address:	

B. Program Details

Program start Date	Program End Date
Arrival date	Departure date
Housing arrangement: <input type="checkbox"/> Home Stay <input type="checkbox"/> On Campus	

C. Please indicate which fees that will be paid by the student(s) directly and which will be paid by the partner institution. Please initialize each item

Description of Fee	Paid by Student	Paid by partner Institution	Amount	Initial
Program fee (inclusive of housing, meal plan, airport transport, course material, excursions)	<input type="checkbox"/>	<input type="checkbox"/>		
Health Insurance Premium	<input type="checkbox"/>	<input type="checkbox"/>		
Housing other: Damages, fines, lost key	<input type="checkbox"/>	<input type="checkbox"/>		
Campus fee	<input type="checkbox"/>	<input type="checkbox"/>	\$39	
Other- please describe:	<input type="checkbox"/>	<input type="checkbox"/>		

Please see the attached list of the students and verify by initializing it

By signing this form, the partner institute is agreeing to be responsible for the payment of the items mentioned in the above table.

Authorized Administrator Signature:	Date:
Please Print Full Name	

D. FOR CSUMB's OFFICIAL USE ONLY

Processed by:	Date:
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