



Invoice/Receipt Request

APU ID#: _____ Academic Program: _____

Name: _____
Last First M.I.

Cell Phone _____ Non-APU e-mail: _____

Please fill out all areas of the form below:

- This request must be completed for **each term** as needed.
- Please scan and email this completed form to your assigned Student Account Counselor. You may also mail or fax it to the Graduate and Professional SFS Office: Azusa Pacific University • Graduate and Professional Center: SFS • P.O. Box 7000 • Azusa, CA • 91702 • Fax: 626-815-4545

A. Reason for my request:

- Company Reimbursement: _____ (Name of Company)
- Outside Scholarship Agency: _____ (Name of Scholarship)
- Other: _____

B. Anticipated Amount: Please indicate the amount that you will receive from this source. **Check one**

If award is received per term:	If award is received annually:
<input type="checkbox"/> All tuition and fees for the term	<input type="checkbox"/> All tuition and fees for the academic year
<input type="checkbox"/> Tuition only for the term	<input type="checkbox"/> Tuition only for the academic year
<input type="checkbox"/> Other amount: \$ _____	<input type="checkbox"/> Other amount: \$ _____

C. Invoice/Receipt Term (Select One): Summer B 2017 Fall 2017 Spring 2018 Summer 2018

D. Additional Information Required: By default, your invoice/receipt will include term, classes, units, and tuition cost. Please select any other required information from the list below. Grades will not be included on an invoice/receipt. If you need to submit grades with your invoice/receipt, please print an unofficial transcript from your student center at home.apu.edu.

- Fees
- Social Security Number (SSN)
- Other information required: _____

E. Invoice/Receipt Delivery (select one):

- Mail to: _____
Street City State Zip
- Fax to: _____
- Email to: _____
- Hold for Pickup (your counselor will notify you when your invoice is ready)

I understand that if for any reason my third party does not make payment to APU, I am responsible for any charges incurred by my enrollment at Azusa Pacific University. I realize that if my account becomes delinquent, this may have a negative impact on my credit profile. By signing this form, I also authorize APU to release my academic and financial records as requested; I understand that my social security number will be listed on my academic record.

Student Signature (Required – No electronic signature accepted)

Date