

# FLORIDA STATE UNIVERSITY

## Department Billing Form for Student Fee Pay Authorization

Form must be submitted to Student Financial Services no later than the fifth 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.*

Department

Term & Year

OMNI Dept ID and  
Fund Number to be Billed

Date

\*Note: Tuition cannot be billed to an E&G fund

Project ID (if applicable)

\_\_\_\_\_  
Department Head/Principal Investigator Signature

Department Head/Principal Investigator Printed Name

Contact Person

Phone #

Email

Student Name	Social Security Number	Amount
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- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**TOTAL: \$**

Sponsored Research Stamp, if applicable:

Received by OSFS on ____/____/____ by _____ To Payables on ____/____/____ Received by _____
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