

LOYOLA UNIVERSITY MARYLAND

AUTHORIZATON TO INVOICE

Loyola University Maryland requires sponsorship confirmation every term before sponsors are invoiced for courses. Complete the form in detail confirming the student's entitlement under your sponsorship. The sponsoring organization authorizes Loyola University Maryland to invoice accordingly.

Student Name							Studer	nt ID				
	-	(Please Print: First/Middle/Last Name)										
Student	D.O.B				Term		Spring					
		Month	Day	Year	Che	eck one	Summ Fall	er				
				In	itial the appro	priate	e box(es) and/or	provide	a dolla	ar limit	
Sp	onsored Clas	ises ex. g	B.705.501									
				.	:+:	Full		Limited				
					ition			\$ \$				
					ogram Fee gistration Fee			\$				
					oks			\$				
					pplies			\$				
Please list all class authorized for sponsorship.					tal			\$ \$				
				Ini	Initial (full sponsorship) or record an amount (limited sponsorship)							
					for each category. If not applicable leave blank.							
Sponsoring Organization					Sponsor ID							
Authorized Officer Signature							Date	e				
Printed Name				Pc	sition Title						_	
Phone No Fax No.			lo	Email								
		or Email Completed Form To: iversity Maryland			SPONSOR BILLING ADDRESS (may be stamped)							
	Attention: S	AS										
	4501 N. Cha											
	Baltimore, N Fax No. 410											
	Email: sas@											