Billing Verification Form

American Language and Culture Program

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 - 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: ◯ Home Stay ◯ 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)	☐	☐		
Health Insurance Premium	☐	☐		
Housing other: Damages, fines, lost key	☐	☐		
Campus fee	☐	☐	$39	
Other- please describe:	☐	☐		

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American Language and Culture Program

Cal State Monterey Bay

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: