[Date]

CSU Monterey Bay

College of Extended Education and International Programs

ATTN: Finance Dept

100 Campus Center, Gavilan Hall Suite 201

Seaside, CA 93955

From: [Sender Contact Name]

 [Sender Company Name]

RE: [Term] [Year] Sponsored Billing

Dear CSU Monterey Bay,

Please accept this letter as notification and authorization that [Sender Company Name] is sponsoring the below listed students, and will pay their program fee and campus services fee for the term noted above.

* [List of student names (and CSUMB ID# if known)]

Please forward the invoice to:

[Sender Company Name]

[Sender ATTN Contact Name]

[Sender Physical Billing Address]

[Sender E-mail Address]

[Sender Phone Number]

Sincerely,

[Sender Signature]

[Sender Name]

[Sender Title]