



# AIFS STUDY ABROAD | SPECIAL BILLING REQUEST

Institution \_\_\_\_\_

**Contact Information**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
E-mail address

**Billing Information**  check if same as contact

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
E-mail address

**Please indicate who Should be Billed by AIFS for the Following Items:**

**Academic Year**                      **Summer**                      **January Term**

Application fee	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School
Enrollment confirmation deposit <i>(Applied to tuition)</i>	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School
<b>Balance of Program Fees:</b>						
Tuition	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School
Housing and meals <i>(see program description for sample arrangements)</i>	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School
Optional AIFS Flight Package	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School
Flight change (penalties and fees)	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School
Damage deposit <i>(refundable at the end of the program if no damages or fines are incurred)</i>	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School
Optional excursions	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School
Optional meal plan	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School
Optional course supplements	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School
Optional housing supplements	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School	<input type="checkbox"/> Student	<input type="checkbox"/> School
Credits for AIFS scholarships (e.g. AIFS Generation Study Abroad Scholarship) should be applied to:	<input type="checkbox"/> Student	<input type="checkbox"/> School				
For Affiliates Only: Credits for AIFS Affiliate Grants should be applied to:	<input type="checkbox"/> Student	<input type="checkbox"/> School				

**Note: Due to billing cycles, changes to existing special billing arrangements require at least one full semester's notice before changes can be implemented.**



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**Please indicate how the invoice should be presented:**

**To the student:**

- Students will receive an original invoice from AIFS showing all fees.
- Students will receive a revised invoice showing only the items checked on page 1.

**Please indicate how the invoice should be presented:**

**To the school:**

- Students will receive an original invoice from AIFS showing all fees.
- School will receive a revised invoice with the amount owed by the school for that student indicated on the bottom of the invoice.

**AGREED FOR:**

**INSTITUTION**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**AIFS STUDY ABROAD**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**PLEASE RETURN COMPLETED AGREEMENT TO:**

**AIFS Study Abroad**  
 1 High Ridge Park  
 Stamford, CT 06905  
 aifsstudyabroad@aifs.com  
 or fax to (203) 399-5597