



THE UNIVERSITY OF WINNIPEG

AUTHORIZATION TO INVOICE FORM

Sponsor Account Name: _____

Sponsor Account Number: _____

Date: _____

Contact Person's Name & Title: _____

Phone #: _____

Fax #: _____

Email: _____

Financial Contact Name: _____

Phone #: _____

Fax #: _____

Email: _____

Billing Address: _____

Authorized Signature: _____

Print Name: _____

Student Number: _____

Student Name: _____

First

Last

Student Birth Date: _____

Program: _____

Please Circle:

Undergraduate

Graduate Studies

Tuition Fee Limit if applicable:

\$ _____

Please indicate which academic terms will be covered by the sponsorship:

Fall (& Fall/Winter)

Winter

Spring/Summer

Does sponsorship cover the UWSA Health Plan fees? Yes No

(Please note: It is the student's responsibility to opt out of the UWSA Health Plan if he or she has alternate health insurance. To do so, he or she can visit theuwsa.ca or contact the UWSA Health Plan office at 204-786-9992)

Does sponsorship cover locker fees? Yes No

Does sponsorship cover the UWSA Transit U-PASS? Yes No

Send one completed form to The University of Winnipeg, Student Financial Services

Attention:

Student Financial Services
The University of Winnipeg
515 Portage Ave.
Winnipeg, MB, R3B 2E9
Ph: 204.786.9884
Fax: 204.783.4996
e.proctor@uwinnipeg.ca

For office use only: