

Establishment of Third Party Donor for Third Party Contracts (TPC)
 Billing for Tuition
 University of Florida – University Bursar

Department ID: 76030000

Requested TPD Name _____

Source of Funds: (check one)

- | | | |
|----------------------------------|---|----------------------------------|
| <input type="checkbox"/> Federal | <input type="checkbox"/> Alumni Association | <input type="checkbox"/> Foreign |
| <input type="checkbox"/> State | <input type="checkbox"/> Foundation (Non-UF Foundation) | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Corporation | Is this a Scholarship? |
| | <input type="checkbox"/> Religious | <input type="checkbox"/> Yes |
| | <input type="checkbox"/> Organization (Other) | <input type="checkbox"/> No |

Name and Address of TPD:

TPD Contact Person: _____ Telephone Number: _____

Email Address of Contact Person: _____

University Bursar Use Only

Chartfield:

Check box for Tuition Assistance

<u>Department ID</u>	<u>Fund</u>	<u>Program Code</u>	<u>Flex Field and Item Code</u>
7 6 0 3 0 0 0 0	9 0 1	9 9 0 0	7 6 0 3 T _ _ _ _ _

Contract #: _ _ _ _ _

<u>Revenue Account</u>	<u>Mapping Code</u>
<u>(use for deposit of funds)</u>	<u>(Valid thru 2006)</u>
4 2 0 0 0 0	9 3 _ _ _ _ _ 8 5

 Initials of UFS Staff

Approved by: _____
 (University Controller of Designee)

 Date

Send Copies of completed form to: File
 Tricia Riskowitz

Student Financial Affairs Use Only (N/A for TPCs)

Financial Aid ID: _ _ _ _ _

 Date

Item Type: _ _ _ _ _

 Initials of SFA Staff