# Instructions for UF Departments Paying University Bursar (UB) for Tuition & Fees with Established Billing Arrangements with UB

Effective July 1, 2010, University of Florida departments will not be able to issue a check to University Bursar to pay tuition and fees for students. Listed below are detailed instructions of the new process to facilitate paying University Bursar charge(s).

**Follow steps 1 – 5 to complete the attached request form:**

1. Provide name of requesting department, requestor's name, email address and phone number. Requestor must have UF_AP_VCHR_PROCESSOR security role.
2. Indicate the cost center (chartfield) you want us to charge. The cost center must include the Department ID, Fund, Program Code, and Account and the following fields (if required): Department Flex, Source of Funds, Project, and CRIS.
3. Indicate the total amount to charge to your cost center.
4. Provide the name(s), UFID(s), term of tuition & fees to be paid and the total amount to be paid.
5. The total amount(s) from step 4 must equal the total amount in step 3.

The requestor must sign the form. If the tuition & fees to be paid are for the requestor's UFID, then the Dean, Director or Department Head must also sign.

UB will create a journal entry using the cost center information listed on the form. Please note that the credit side of the journal entry will be cash account 112700.

It is important for UB to create and post the journals because the timing of posting the payment (offsetting entry) to our subsidiary system is very crucial to ensure proper application of these transactions.

UB will notify the requestor via email of the Journal ID used to post the transaction you requested.

UB may contact the requestor of the department if other assistance is needed.

# REQUEST TO PAY UNIVERSITY OF FLORIDA FOR TUITION & FEES WITH ESTABLISHED BILLING ARRANGEMENT WITH UNIVERSITY BURSAR
# (UB)

Return this completed form to University Bursar, Attn: TPC Area, PO Box 114050, Gainesville, FL 32611 or you may fax it to (352) 392-3448.

## PART A: TO BE COMPLETED BY THE DEPARTMENT

Section 1 – Departmental Information {Requesting person must have UF_AP_VCHR_PROCESSOR role}:

Name of Requesting Department: _____

Requestor's Name: _____     Requestor's Phone: _____

Requestor's Email: _____

Section 2 - Charge Cost Center:

Department ID:_____ Fund:_____ Program Code:_____ Account:_____

Department Flex (if required):_____ Source of Funds (if required):_____

Project (if required):_____ CRIS (if required):_____

Section 3 - Total Amount to charge to cost center:     $_____

Section 4 – List total Tuition & Fees to be paid for each term by student:

| NAME | UFID | TERM | TOTAL |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### *ATTACH ADDITIONAL PAGES AS NEEDED

Section 5 – Grand Total Amount of all listed in Section 4:     $_____

I certify that the above charges are allowed to be paid from the Charge Cost Center listed in Section 2.

_____     _____
Requestor's Signature                                    Date

If Tuition & Fees to be paid are for charges incurred by the Requestor, signature is required from the Dean, Director or Department Chair.

_____     _____
Dean/Director/Dept Chair – Printed Name          Dean/Director/Dept Chair - Signature

## PART B: TO BE COMPLETED BY UNIVERSITY BURSAR

Date Received:_____     Date Processed:_____

Processor's Initials:_____

Journal ID:_____     Date Email Notification Sent to Dept:_____