



University of Pittsburgh

Sponsored (Third Party) Billing Statement of Responsibility

Student Name (please print) _____

1. Sponsored billing does not relieve me of my financial obligations to the University of Pittsburgh. If my Sponsor fails to pay any amount for any reason, I remain responsible for paying my financial obligations to the University of Pittsburgh. I agree
2. The University applies a temporary credit to my student account while the University bills my sponsor for the authorized charges. This temporary credit does not represent payment from my sponsor and can be removed from my account if my sponsor fails to pay. I agree
3. If my sponsor does not pay the authorized charges in full by the end of the academic term, the unpaid charges are put back (reinstated) to my student account after the term ends. I am responsible for paying reinstated charges in full by the due date on my student account. I agree
4. I agree to receive email notifications from the University in my official University email account (*Pitt username@pitt.edu*) concerning my sponsored billing activity. I agree
5. It is my responsibility to check my official University email account on a regular basis and read important notices about the status of my sponsored billing activity. If I do not understand these notifications, I will contact the University at PittSponsorBilling@cfo.pitt.edu for help. I agree
6. My student account can be placed on financial hold due to my sponsor's failure to pay the authorized charges. The hold may go on my account before the end of the academic term and will prevent me from adding classes and receiving my grades, transcripts, and diploma. I agree
7. I am responsible for contacting my sponsor to identify and resolve issues that may be causing delays in payment from my sponsor. I agree
8. I may be assessed late fees and collection costs because of my sponsor's failure to pay authorized charges by the end of the academic term. I agree
9. I will not be able to participate in Sponsored Billing in future terms until my current term charges are paid in full. I agree

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10. I understand that changes in my enrollment may increase or decrease the amount of authorized charges billed to my sponsor.

a. Increases in charges will be billed to my sponsor up to the maximum amount authorized by my sponsor. If my sponsor does not pay the increase in charges, I am responsible for payment. I agree

b. Decreases in authorized charges will be credited to my sponsor. If my sponsor is owed a refund, the refund will be issued directly by the University to my sponsor. I agree

I have read and fully understand this Statement of Responsibility and agree to its terms.

Signature _____ Date _____

Seven-digit Student ID (not your 2P#) _____

Primary (U.S.) Phone _____ Alternate Phone _____

University email (name@pitt.edu) _____

Alternate email _____

Sponsor Organization Name _____

Contact Person (someone at Sponsor's organization who can respond to billing and payment questions): _____

Contact Person email _____

Contact Person phone _____

Have you already submitted your Financial Guarantee from your Sponsor to us? Yes ___ No* ___

*Deliver your Financial Guarantee and Statement of Responsibility by mail or in person to the University of Pittsburgh, Student Payment Center, G-9 Thackeray Hall, Pittsburgh PA 15260. Or, scan and send as an attachment by email to PittSponsorBilling@cfo.pitt.edu. Or, fax to the Student Payment Center at 412-624-7544. For more information or to submit this form online, visit the Sponsored Billing website at <http://payments.pitt.edu/sponsored-third-party>.