

Employer Reimbursement Deferred payment Agreement
The University of Iowa – University Billing Office
2009-2010 Academic Year

The University of Iowa must receive an updated form each time the most current agreement expires. If there is a change in employment that invalidates this form the University Billing Office must be notified either to negotiate a new agreement and/or to terminate the affected agreement. **A \$35.00 deferred payment fee and any portion of the charges for the term which are not subject to this agreement must be paid in full by the specified billing due date.** The deferred portion of your charges must be paid by the specified date (*approximately 30 days from the date grades are posted to ISIS*) regardless of the status of your reimbursement from your employer. **Your employer has no liability to the University of Iowa and this agreement will not initiate billings to them.** All agreements must be received prior to the first day of classes for a given term.

To be complete by Student:

Name: _____ University ID: _____

Address: _____
(street) (city) (state) (zip code)

Telephone: home(____) _____ - _____ work(____) _____ - _____

Email: _____@_____

Upon complete of registration the student agrees to pay the total amount of tuition and other charges set forth. If the student withdraws from the University for any reason and in accordance with University Policy all remaining tuition and other charges are immediately due and payable. All amounts paid after the due date may accrue interest at the rate allowable under law. In addition, the student agrees to pay all collection cost and reasonable attorney's fees if the University takes action against the student to recover any past due amounts.

This agreement signed in: _____
(city and state)

Student Signature _____ Date _____

Important! If you are receiving or applying for financial aid you must report any tuition benefit amounts to the Office of Student Financial Aid. You are not eligible to participate in this deferral if you are expecting excess funds from your financial aid after charges are paid.

To be completed by Employer (for employee benefit certification):

Employer Name: _____ Contact Person: _____

Contact Telephone: (____) _____ - _____ Contact email: _____@_____

Please indicate reimbursement period below:

Academic Year 2009-2010 Summer _____ Fall _____ Spring _____

Term \$ Maximum (if any) Summer _____ Fall _____ Spring _____

Category allowed for reimbursement (check all that apply): Tuition _____

Authorized Signature of Certifying Official _____ Date _____

The University Billing Office will take receipt of the completed form in any of the following ways:

Fax copies to (319)-353-2442

Email to ubill@uiowa.edu

U.S.Mail to 5 Calvin Hall, Iowa City, IA 52242

University of Iowa Office Use: _____ Date Received: _____