## **Project Advance**

## Annual Direct Billed Enrollment Form 2024-2025

(Due: Monday, September 16, 2024)

## Rules and Procedures:

- Once you enroll to be direct billed, the expectation is that the school district is paying for all students enrolled in Syracuse University courses through Project Advance. There will be no exceptions to this policy.
- This does mean that distance learners that register under your school will be included on the invoice. It will be the *school's* responsibility to collect the payment from their parent/guardian if you will not pay for them.
- Invoicing will occur immediately following the Drop Deadline, and will be mailed and emailed, so please make sure the email and mailing address provided are correct and accurate for billing.
- Please include a copy of your school's W-9 along with this form, in case there are any refunds.
- Please contact us at <a href="mailto:supabilling@syr.edu">supabilling@syr.edu</a> immediately if any changes that need to be made to this arrangement after submittal of the form. Any changes will need to be approved.

High School Billing Address:			
Billing Contact Information: The background provide any necessary payment inform	illing contact is the person responsible for the inve nation upon request.	oicing process and who can	7
Name:	Phone Number:		
Email:	Title:		
School Contact Information: The swithin the high school, and can handle in Name:	school contact is the person responsible for the ma registration questions/concerns. <u>Phone Number:</u>	aking this executive decision	n
Email:	Title:		
Are you paying the full balance for each	n student, or a partial balance? (Please check one)	): Full F	<sup>D</sup> artia
If partial, please state the dollar	r amount per student that you are paying: \$		
Where are the funds for payme	ent coming from (Please check all that apply):		
School Budget	Outside Foundation/Fund	Federal/State Gra	nt
Are your payments processed through	NYC DOE (Please check one): Yes	No	
If yes, please share the DOE Co	ontact Information:		
Name:	Phone Number:		
Email:			

Submit to: <a href="mailto:supabilling@syr.edu">supabilling@syr.edu</a> or fax to: 315.443.1626