



# Annual Direct Billed Enrollment Form (2024-25)

## Rules and Procedures:

- 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. If alternative time frame is needed please coordinate directly with our business office.
- Please include a copy of your school's W-9 along with this form, in case there are any refunds.

### **High School Billing Address:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Billing Contact Information:**

*The person responsible for the invoicing process and who can provide any necessary payment information upon request.*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Title: \_\_\_\_\_

### **School Contact Information:**

*The person responsible for the making this executive decision within the high school, and handles registration questions/concerns.*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Title: \_\_\_\_\_

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 unless indicated otherwise, e.g. if you are paying for specific students or courses only.

Are you paying the full balance for each student, or a partial balance? (Please check one):  Full  Partial

If partial, please state the dollar amount per student that you are paying: \$ \_\_\_\_\_

Are your payments processed through NYC DOE (Please check one):  Yes Borough: \_\_\_\_\_  No

If yes, please share the DOE Contact Information AND if invoice should be directly sent to the DOE:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**By signing this form I certify that all information provided is correct to the best of my knowledge and our school district will adhere to all Syracuse University Project Advance terms for Direct Billing.**

Signature: \_\_\_\_\_

Please contact us at [supabilling@syr.edu](mailto:supabilling@syr.edu) immediately if any changes need to be made to this arrangement after submittal of the form. Any changes will need to be approved.

**SUBMIT TO: [supabilling@syr.edu](mailto:supabilling@syr.edu)**