

**Annual Direct Billed Enrollment Form 2023-2024**

*(Due: Friday, September 15, 2023)*

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

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**Billing Contact Information:** *The billing contact is the person responsible for the invoicing process and who can provide any necessary payment information upon request.*

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**School Contact Information:** *The school contact is the person responsible for the making this executive decision within the high school, and can handle registration questions/concerns.*

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Email:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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: \$ \_\_\_\_\_

Where are the funds for payment coming from (Please check all that apply):

School Budget                      Outside Foundation/Fund                      Federal/State Grant

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

If yes, please share the DOE Contact Information:

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Email:** \_\_\_\_\_