USF WORLD
UNIVERSITY OF SOUTH FLORIDA

Education Abroad Payment Request

U# _____ Student's Name_____

Program_____ Term_____

Payment Amount:

OSS1 $_____	Faculty Led Non Reportable
OSP1 $_____	Faculty Led Reportable
OSS2 $_____	SA Exchange Non reportable
OSP2 $_____	SA Exchange Reportable
OSS3 $_____ Insurance only	Independent Non-Reportable
OSP3 $_____	Independent Reportable

Reason for payment:

____Deposit ____ Insurance

____ Payment toward balance ____ Final Payment

_____ _____

Study Abroad Staff Signature Date

NOTE: TAKE CASH, CHECK or MONEY ORDER PAYMENTS TO THE USF CASHIER'S OFFICE SVC 1039 (OPEN 9AM TO 5 PM MONDAY THROUGH FRIDAY).

NOTE: Make sure you keep your receipt from the cashier as certification of payment for your records. You are not required to provide a copy of the receipt to your advisor.