



**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	\$ _____	Independent Non-Reportable
Insurance only		
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.**