

Office of the University Bursar Attn: Sponsored Programs PO Box 183248 Columbus, OH 43218-3248 <u>sponsprg@osu.edu</u> Email (614) 292-1056 Phone (614) 292-1106 Fax

Please complete and return the Office of the University Bursar's Sponsor Information Form using the contact information above. We ask you fill in all fields and send any questions to <u>sponsprg@osu.edu</u>. Once this form is returned, it will be used as a guideline of sponsorship for your students over one academic year. Sponsors are obligated to update the form annually. If the updated form is not received, the Office of the University Bursar reserves the right to end the sponsor relationship at any time. If you would like to make changes to the information we have on file, a new form must be requested for completion.

Invoices:	Invoicing begins the fifth week of the term; payment is due by the date listed on your invoice.
Payments:	All payments must include your Ohio State University account number , the student's name_identification number and semester of payment.

- the **student's name**, **identification number**, and **semester** of payment or the **invoice number**. If payment is not received by the due date on the invoice, the amount due will be removed from the sponsor's account and charged back to the student's account.
- **ACH/Wire:** If you wish to make a payment by ACH/Wire, please send an email to <u>sponsprg@osu.edu</u> for specific ACH/Wire instructions.
- **Checks:** Please make checks payable to "The Ohio State University" and mail to the address below.

Office of the University Bursar Attn: Sponsored Programs PO Box 183248 Columbus, OH 43218-3248 Phone: 614.292.1056 FAX: 614.292.1106 Email: sponsprg@osu.edu

Please retain the above information for your records.



Office of the University Bursar Attn: Sponsored Programs PO Box 183248 Columbus, OH 43218-3248 <u>sponsprg@osu.edu</u> Email (614) 292-1056 Phone (614) 292-1106 Fax

OUB SPONSOR INFORMATION FORM

Please complete and return this form to sponsprg@osu.edu

Contact Information – Please list the Organization information and two contacts if applicable. This will ensure proper communication during absences and/or position changes.

Organization Name:	
Billing Address:	
Organization Email:	
Organization Phone:	
Organization Fax:	
Primary Contact:	
Contact Email:	
Contact Phone:	
Contact Fax:	
Secondary Contact:	
Contact Email:	
Contact Phone:	
Contact Fax:	
How do you prefer to	receive your invoices from The Ohio State University?
	Email (OSU's preferred invoicing method)
	Fax
	Regular US/International Mail