



Employer Reimbursement Itemized Statement Request Form

****Important: This form can only be submitted via email to: thirdpty@montclair.edu. Failure to submit this form to the appropriate email will prevent your request from being fulfilled.****

Please allow 5 to 7 business days for your request.

We receive a high volume of requests during peak times (at the beginning and end of a terms), during that time the response time may be longer than usual. Please be patient as we work diligently to fulfill your request as it will be filled in the order in which they are received. Do not send multiple emails as this causes a delay in our response time.

STUDENT NAME: _____ STUDENT ID: _____

TERM REQUESTED: _____ year format: YYYY PHONE: _____

EMPLOYER REMIT TO ADDRESS (MUST COMPLETE FERPA IN PERSON AT THE OFFICE PRIOR):

NAME: _____

ADDRESS: _____

EXAMPLES OF ITEMS THAT WILL SHOW ON THE ITEMIZED STATEMENT (IF APPLICABLE):

- SEMESTER
- HOUSING
- TOTAL # OF ENROLLED CREDITS
- MEAL PLAN
- TUITION
- COURSE FEES
- MANDATORY FEES
- TOTAL BILL AMOUNT
- HEALTH INSURANCE
- MBA PROGRAMS (SHOWS TUITION & ALL FEES)

Note: Itemized statements **DO NOT** include the costs per course.

THE FOLLOWING DISCLAIMER WILL BE INCLUDED ON ALL ITEMIZED BILLS:

- I am aware that Itemized Billing is a service provided by the Student Accounts Office. I will not hold the Student Accounts Office responsible for changes imposed by adding additional courses after the request has been submitted, changes in financial aid award summary, assessment of additional miscellaneous fees after request date and/or decline of any electronic payments.

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STUDENT SIGNATURE _____ DATE _____
(Type your name)