



STATE UNIVERSITY OF NEW YORK COLLEGE AT CORTLAND
 P.O. BOX 2000 • CORTLAND, NY 13045-0900
 PHONE: (607) 753-2313 FAX: (607) 753-5592

BILL DUE UPON RECEIPT.
 LATE FEES ADDED AFTER

AUG 17, 2009

**SEMESTER
 BILL**

AMOUNT DUE: \$ 6002.50

NEW S. STUDENT
 123 MAIN ST.
 ANYWHERE, NY 13045

Cortland ID: C00888898
 Semester: Fall 2009
 Student Status: UG Full-Time
 Residency: IN-STATE
 Billing Date: 07/01/2009

CHARGES, ADJUSTMENTS & REFUNDS		PAYMENTS & FINANCIAL AID RECEIVED		ANTICIPATED FINANCIAL AID	
Prgm Svc Chg & Course Fees	575.00	Deposit Payment - Housing	150.00	NYS TAP Grant	250.00
College Fee	12.50	Deposit Payment - Tuition	50.00	Stafford Loan	1,750.00
Health Insurance	1,220.00			Unsubsidized Stafford Loan	1,000.00
Housing	2,920.00				
Meal Plan	1,975.00				
Optional Alumni Fee	15.00				
Tuition	2,485.00				
CHARGES	9,202.50	PAYMENTS	200.00	ANTICIPATED AID	3,000.00

Charges	9,202.50
Less: Payments Received	- 200.00
Less: Anticipated Financial Aid	- 3,000.00
BALANCE/CREDIT DUE	6,002.50

ALL STUDENTS MUST PROCESS ON LINE REMITTANCE/CONFIRMATION OR SIGN, DETACH AND RETURN THE REMITTANCE/CONFIRMATION BELOW REGARDLESS OF BALANCE/CREDIT DUE TO KEEP YOUR CLASS SCHEDULE. IF BALANCE IS GREATER THAN ZERO, PAYMENT MUST BE REMITTED.

REMITTANCE / CONFIRMATION

C00888898 STUDENT, NEW S
 123 Main St., Anywhere, NY 13045

Fall 2009 UG/FT
 DUE DATE: 08/17/2009

IN-STATE BILLING DATE: 07/01/2009

Method of Payment (check box below)

No payment is due Payment in full Monthly payment plan (Fall or Spring semesters only)

Check \$ _____ Write your ID # on your check. Make checks payable to SUNY Cortland.

Credit Card / Charge \$ _____ to: VISA MC Discover

Card # _____ Expiration Date: _____

Cardholder's Signature: _____

Print Cardholder's Name: _____

Print Street Address: _____ Zip: _____

Cardholder's Daytime Phone # _____ (Zip Code Required)

PLEASE RETURN REMITTANCE/CONFIRMATION WITH REQUIRED PAYMENT TO:

Student Accounts Office, SUNY Cortland, P.O. Box 2000, Cortland, NY 13045-0900

I accept the charges stated above and I plan to attend SUNY Cortland during the semester indicated. I authorize SUNY Cortland to use refundable financial aid to pay any balance due, as well as miscellaneous charges, residence hall damages, and parking fines. I agree to Monthly Payment Plan terms (see reverse).

STUDENT SIGNATURE: _____

Charges	9,202.50
Less: Payments Received	- 200.00
Less: Anticipated Financial Aid	- 3,000.00
BALANCE/CREDIT DUE	6,002.50

Please complete this section. Instructions on reverse.	If Paying Full Amount	If Selecting Payment Plan
BALANCE/CREDIT DUE	6,002.50	1,200.50
Payment Plan Fee	N/A	45.00
A. SUBTOTAL	6,002.50	1,245.50
B. OPTIONAL FEES: All changes MUST be made on-line (see reverse)		
C. AID ADJUSTMENTS (see reverse)		
D. BALANCE/CREDIT DUE (A+B+C)		