



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

**LATE FEES ADDED AFTER**

AUG 17, 2009

**SEMESTER  
BILL**

Amount Due: \$3636.50

New S Cortland  
 123 Main Street  
 Anywhere, NY 13045

Cortland ID: C00888898  
 Semester: Fall 2009  
 Student Status: UG Full-Time  
 Residency: IN-STATE  
 Billing Date: 07/09/2009

CHARGES, ADJUSTMENTS & REFUNDS		PAYMENTS & FINANCIAL AID RECEIVED		ANTICIPATED FINANCIAL AID	
Prgm Svc Chg&Course Fees	575.00	Deposit Payment-Housing	150.00	SEOG	250.00
College Fee	12.50	Deposit Payment-Tuition	50.00	Staff Loan	1750.00
Health Insurance	1220.00			Unsub Staff Loan	1000.00
Housing	2920.00			PELL Financial Aid	2366.00
Meal Plan	1975.00				
Optional Alumni Fee	15.00				
Tuition	2485.00				
<b>CHARGES</b>	<b>9202.50</b>	<b>PAYMENTS</b>	<b>200.00</b>	<b>ANTICIPATED AID</b>	<b>5366.00</b>

Charges	9202.50
Less: Payments Received	-200.00
Less: Anticipated Financial Aid	-5366.00
<b>BALANCE/CREDIT DUE</b>	<b>3636.50</b>

**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 Cortland, New S Fall 2009 UG/FT  
 123 Main Street, Anywhere, NY 13045 Due Date: 08/17/2009

IN-STATE Billing Date: 07/09/2009

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: \_\_\_\_\_ (Zip Code Required)

Cardholder's Daytime Phone # \_\_\_\_\_

**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.

STUDENT SIGNATURE: \_\_\_\_\_

Charges	9202.50
Less: Payments Received	-200.00
Less: Anticipated Financial Aid	-5366.00
<b>BALANCE/CREDIT DUE</b>	<b>3636.50</b>

Please complete this section. Instructions on reverse.	If Paying Full Amount	If Selecting Payment Plan
BALANCE/CREDIT DUE	3636.50	727.30
Payment Plan Fee	N/A	45.00
<b>A. SUBTOTAL</b>	<b>3636.50</b>	<b>772.30</b>
<b>B. OPTIONAL FEES:</b> All changes MUST be made on-line (see reverse)		
<b>C. AID ADJUSTMENTS</b> (see reverse)		
<b>D. BALANCE/CREDIT DUE</b> (A+B+C)		