



34877

THIS FORM MUST BE THE FIRST PAGE OF YOUR FAX

# Voucher Cover Sheet

Tracking #:

0100 - 0000 - 1772 - 6422

Student Identifier:

Expiration Date: 03/11/2016

Student:

Company: UPS - Part Time Management  
Company Phone: 1-800-413-7784

School: INDIANA UNIVERSITY SOUTHEAST  
4201 GRANT LINE ROAD  
NEW ALBANY, IN 47150-6405

Term Dates: 08/24/2015 - 12/12/2015

Course Number	Course Name	Credits	Tuition Amount	Course Fees
18157	MARKETING MANAGEMENT	3.0	\$635.00	\$87.24
18144	FINANCIAL MANAGEMENT	3.0	\$635.00	\$87.24

General Fees: \$0.00  
Total Approved: \$1444.48

**Instructions to the Academic Institution for Use of this Voucher Cover Sheet:** Please enroll the applicant named on this Voucher Cover Sheet ("Voucher") in the course(s)/program indicated above. The course(s)/program on this Voucher are the only courses that are approved for the applicant. No substitution of courses may be made by the Academic Institution or by the applicant. Only the course(s)/program listed on this Voucher will be considered for payment on submittal of this Voucher by the Academic Institution. However, any course(s) previously taken by the applicant and paid for through the applicant's tuition program will not be considered for payment. If the course(s)/program do not match the applicant's enrollment records, reject this Voucher and request a correct Voucher to be submitted by the applicant. Only the named Academic Institution listed in the "School" Section of this Voucher will be eligible for payment upon submittal of this Voucher.

**Fax Instructions to the Academic Institution for Submitting this Voucher Cover Sheet and Invoices:** Fax this Voucher Cover Sheet ("Voucher") along with the individual applicant's invoice for the approved tuition (minus scholarships and grants) to (248)283-8723. This Voucher will serve as the fax cover sheet for the invoice you are faxing. This Voucher must be the first page of the fax package you send, do not attach an additional cover sheet. Attaching an additional cover sheet will result in the invoice not being processed. It is recommended that the invoice you attach to this Voucher be printed on plain white paper to assist with clarity when faxed. If you have any questions regarding this Voucher, please call the toll free number listed on this Voucher between the hours of 10:00 a.m. and 7 p.m. Eastern Time, Monday through Friday.

**Validation of this Voucher Cover Sheet:** Authorized administrators of the Academic Institution can validate this Voucher at <https://educator.tap.edcor.com>

**Note:** The payment of fees may be reduced according to the Company's tuition policy. The student is solely responsible for any remaining balance.

YOU AGREE AND UNDERSTAND, THAT BY SUBMITTING THIS PROCESSING REQUEST FORM/COVER SHEET OR ANY REIMBURSEMENT DOCUMENTATION THAT YOU ARE AGREEING TO ONLY SUBMIT AND DISCLOSE SUCH INFORMATION THAT IS SPECIFICALLY REQUIRED TO PROCESS YOUR REQUEST FOR REIMBURSEMENT AND THAT YOU SHALL NOT DISCLOSE OR SUBMIT ANY OTHER PERSONALLY IDENTIFIABLE INFORMATION, PERSONALLY IDENTIFIABLE INFORMATION, INCLUDES, BUT IS NOT LIMITED TO, SOCIAL SECURITY NUMBERS, ADDRESSES, CREDIT CARD NUMBERS, AND TELEPHONE NUMBERS. YOU AGREE THAT YOU WILL HOLD EDCOR DATA SERVICES CORPORATION, ITS OWNERS, ITS AFFILIATES, ITS SUBSIDIARIES, THEIR OFFICERS, THEIR DIRECTORS, THEIR EMPLOYEES AND THEIR CONTRACTORS (EDCOR PARTIES) HARMLESS AND TO WAIVE ANY AND ALL CLAIMS, LIABILITIES, ACTIONS AND DAMAGES, IN TORT AND IN CONTRACT, IN LAW OR IN EQUITY, AGAINST ANY EDCOR PARTIES THAT ARISE OR RESULT FROM, ANY USE, ANY DISCLOSURE, OR ANY MISAPPROPRIATION OF ANY PERSONALLY IDENTIFIABLE INFORMATION NOT SPECIFICALLY REQUIRED IN ORDER TO PROCESS YOUR REQUEST FOR REIMBURSEMENT.

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Fax Number: (248) 283-8723

\*\* Keep a copy of all documents for your records \*\*

