

REPRESENTATIVE/AGENT COMMISSION INVOICE

To: Attn: Finance
UCSB Extension
University of California, Santa Barbara
Mail Code 1110
Santa Barbara, CA 93106-1110

E-mail: finance@extension.ucsb.edu
e-mail attachment must include
authorized signature

Phone: 805.893.4200

Fax: 805.893.4943

Representative/Agent Name: Family/Last, First

Organization/Agency

Address

E-mail

Phone

Fax

Invoice Number

COMMISSION PAYMENT TERMS

- Submit one invoice **per student per quarter**. If you have **multiple students enrolling** in the same International Student Program, **attach a list** to the invoice with the complete name and date of birth (mm/dd/yyyy) **for each student enrolled** in the program. Submit one invoice for each ISP program.
- Before a commission payment is processed, the following must be on file at UCSB Extension:
 - Current Representative/Agent Application
 - Payment of the ISP Program Application, Program, and Student Services fees for all students attending through Organization/Agency
 - Current signed Professional Services Agreement with UC Santa Barbara Extension. Professional Services Agreement must be finalized prior to receipt of student application.

COMMISSION PAYMENTS

- Representative/Agent Commission invoice is required for payment
- Payment will only be processed for **current programs and quarters only**. Invoices for future programs or quarters will not be paid
- Payments will be made no earlier than 30 days after the drop deadlines for the quarter/program
- Terms may vary per agreement

STUDENT INFORMATION

Number of Students (attach roster)

International Student Program

Winter _____ Spring _____ Summer _____ Fall _____
Year Year Year Year

Program Start Date (mm/dd/yyyy)

PAYMENT PREFERENCE

- Check Payment-payment in U.S. dollars (\$US);
no additional charges
- Wire Payment-drawn in U.S. dollars (\$US) to Organization's/Agency's bank
Wire transfer fees will be deducted from the commission as follows:
 - U.S. Bank: \$18.00 • International Bank: \$9.50

SIGNATURE

Authorized Signer for Organization/Agency Signature

Date

Authorized Signer Name: Family/Last, First

Authorized Signer Title

BANKING INFORMATION REQUIRED FOR WIRE TRANSFER

Payee Bank Account Number Bank Name

Payee Name on Bank Account

Payee Address Linked to Bank Account

International Wire: Bank's SWIFT or BIC Code **or**

U.S. Wire: Bank's ABA Fedwire Routing Number

Bank Address

Intermediary Bank Information, if required

INTERNAL USE ONLY

ISP Program Fees: \$ _____

Total Commission: _____

Account: _____

Course Fees (if applicable): \$ _____

Commission Rate: _____

Approved by: _____