

SARA INVOICE

Date:

BILL TO:

Name of institution (please insert) _____

SARA Contact Person _____

Address _____

Phone Contact _____

SEND PAYMENT TO:

Attn: SARA Membership
Illinois Board of Higher Education
Academic Affairs Fee Remittance
I N. Old Capitol Plaza, Suite 333
Springfield IL 62701-1394

DESCRIPTION	AMOUNT
IBHE SARA FEE	\$1,750
	\$1,750

The Board assesses an annual application fee of \$1,750 for SARA participation. Full payment of the fee is required prior to Board staff review of the SARA application. SARA fees are non-refundable.

Board fees shall be submitted as check, certified check, cashier's check, or money order.

If you have any questions, please contact us at (217) 557-7382 or via SARA contact email at sara@ibhe.org.

Thank you!