

# SARA INVOICE

Date: \_\_\_\_\_

## **BILL TO:**

Name of Institution (please insert): \_\_\_\_\_

SARA Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## **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

DESCRIPTION	AMOUNT
IBHE SARA FEE	\$1,750
	<b>\$1,750</b>

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 a check, certified check, cashier's check, or money order.

If you have any questions, please contact us at [sara@ibhe.org](mailto:sara@ibhe.org).

Thank you!