

## **Authorization to Bill**

This form authorizes Northeast Wisconsin Technical College to submit for payment, a bill for all specified fees related to the training and education of the student(s) listed below. Please note that students must also fill out a registration form in addition to submitting this Authorization to Bill.

| Organization Spon<br>Billing Address<br>City, State, Zip Co |                      |  |                      |                           |                          |
|---|----------------------|--|----------------------|---------------------------|--------------------------|
| Contact Name  |                      |  |                      |                           |                          |
| Phone Number  |                      |  |                      |                           |                          |
| <b>Purchase Order N</b>                                     | umber (optional)     |  |                      |                           |                          |
| In Order to ensure that number and on all check             |                      | ganization with the approp                                   | oriate amount, plea  | se reference your C       | Organization and Invoice |
|   | e authorized to take | All listed courses. To                                       | authorize differ     | rent students in d        | lifferent courses, you   |
| Semester Covered (  | Please only mark     | one): Spr  | ing                  | Summer                    | Fall                     |
| Invoice for:<br>(Check all that apply)                      | Tuition/fees         |  | Supp<br>Appl         | lies<br>ication Fee       |                          |
| Authorized Courses*:<br>Catalog Number                      | er                   | Course   | Name:                |                           |                          |
|   |                      | C to bill for <b>any and al</b><br>are related to your organ | classes for whic     |                           |                          |
| Note: NWTC reserve student, without obtain                  | _                    | e the same course, but a on.                                 | different class (tii | me, date, etc.), at t     | he request of the        |
|   | Name of Student      | Student ID<br>Or SSN (or                                     | ) #<br>ne required)  | Maximum \$5 allowed for s | •                        |
|   |                      |  |                      |                           |                          |
|   |                      |  | _                    |                           |                          |
| Signed & Dated form   | must be submitted    | to:Authorizing S   | ianatura             | <br>Date                  | -                        |

Please Complete the ATB and mail, fax, or e-mail to:

Northeast Wisconsin Technical College Attn: Student Finance 2740 W. Mason Street Green Bay WI, 54307

Fax: 920-491-2619 Email: studentfinance@nwtc.edu

Phone: 920-498-5444