



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 Sponsoring Student Billing Address City, State, Zip Code	
Contact Name	
Phone Number	
Purchase Order Number (optional)	

In Order to ensure that NWTC credits your organization with the appropriate amount, please reference your Organization and Invoice number and on all checks sent to NWTC.

All listed students are authorized to take **All** listed courses. To authorize different students in different courses, you **must** use a separate authorization.

Semester Covered (Please only mark one): _____ **Spring** _____ **Summer** _____ **Fall**

Invoice for: ___ Tuition/fees ___ Supplies
 (Check all that apply) ___ Required Books/Modules ___ Application Fee

Authorized Courses*:
 Catalog Number _____ Course Name: _____

*Leaving this section blank authorizes NWTC to bill for **any and all classes** for which a student registers. NWTC accepts no responsibility for determining which classes are related to your organization and which are not.

Note: NWTC reserves the right to substitute the same course, but a different class (time, date, etc.), at the request of the student, without obtaining a new authorization.

Name of Student	Student ID # Or SSN (one required)	Maximum \$\$ allowed for student
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed & Dated form must be submitted to: _____
Authorizing Signature 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