

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 this form does not register the student for any classes, it authorizes billing only. For additional information, please contact the Student Finance Office at (920) 498-5609.

Name of Organization Sponsoring Student(s): _____

Billing Address: _____

Contact Name: _____ **Phone:** _____

Fax: _____ **Email:** _____

In order to ensure that NWTC credits your organization with the appropriate amount, please reference the Invoice ID number on all checks sent to NWTC. Also, please indicate if your Organization Name is not listed on the check that will be sent to NWTC.

VENDOR NAME ON CHECK: _____

PO# _____

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

Semester: _____ **Year:** _____

Please indicate fees to be paid by this ATB: _____ Tuition/Fees _____ Application Fee _____ Books/Required Supplies

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 #/SSN	Maximum \$\$ per student
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorized Signature

Date

Signed & Dated form must be submitted to:

NWTC-Student Finance Office, 2740 W. Mason Street, PO Box 19042, Green Bay WI, 54307-9042
Or by fax to: 920-491-2619 - Must include cover sheet - Attn: Third Party Billing