Coastal Carolina Community College
Division of Continuing Education
Request for Billing

Please note: This form must accompany each Student Registration Form submitted and have <u>all</u> fields completed in order to process your request. Once the start date of the course passes, our Accounting Department will send an invoice to your company's representative designated in the Point of Contact field.

Fax to 910.347.6174 or email: coned@coastalcarolina.edu and call 910.938.6294 to confirm transmission before end of the same business day.

PAYER INFORMATION

Today's Date:_____

Organization to Bill:_____
                    ORGANIZATION'S NAME   *IF MILITARY BILLING, MUST INCLUDE UNIT NAME AND AUTHORIZING COMMAND HERE

Point Of Contact Name <u>and</u> Title: **Direct Phone Number:**
_____   (_____)_____-_____
LIST THE CONTACT FROM YOUR ORGANIZATION WHO WILL RECEIVE OUR INVOICE

Complete Mailing Address:

_____ _____ _____ _____
STREET ADDRESS/P.O. Box   CITY   STATE   ZIP

Email:_____ **(invoices will be sent to this email)**

STUDENT INFORMATION

We Agree to Pay on Behalf of: (if more than one student, please use attached name list).

_____ _____ _____
STUDENT LAST NAME   STUDENT FIRST NAME   MI

COURSE INFORMATION

Course Title: (please list only one per billing request form)   **Amount:**
_____ $_____

Course Dates:
Start Date: ___/___/___ End Date:___/___/___

TEXTBOOKS (if applicable)

Please indicate Yes/No to bill your organization for applicable textbooks and/or supplies for the student and designate dollar amount.

☐ YES	**Textbook(s) $** .
☐ NO/Not Applicable	**Supplies $** .

By submitting a request for billing, I understand that it is the Student's sole responsibility to notify Coastal Carolina Community College, Continuing Education Division of withdrawal <u>in writing</u> per our withdrawal policy. Certificate, grade, and attendance inquiries may be fulfilled soley upon the Student's request, and will be furnished directly to the Student.
Please see the College Bookstore or call 910-938-6295 for their return policy, if applicable.

_____ _____ _____
YOUR NAME (PRINT)   SIGNATURE   DATE

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COMPANY NAME:_____ COURSE TITLE and DATES:_____

STUDENT NAMES

We Agree to Pay on Behalf of:

		Registration	Textbook(s)
_____ STUDENT LAST NAME	_____ STUDENT FIRST NAME	$_____	$_____
_____ STUDENT LAST NAME	_____ STUDENT FIRST NAME	$_____	$_____
_____ STUDENT LAST NAME	_____ STUDENT FIRST NAME	$_____	$_____
_____ STUDENT LAST NAME	_____ STUDENT FIRST NAME	$_____	$_____
_____ STUDENT LAST NAME	_____ STUDENT FIRST NAME	$_____	$_____
_____ STUDENT LAST NAME	_____ STUDENT FIRST NAME	$_____	$_____
_____ STUDENT LAST NAME	_____ STUDENT FIRST NAME	$_____	$_____
_____ STUDENT LAST NAME	_____ STUDENT FIRST NAME	$_____	$_____
_____ STUDENT LAST NAME	_____ STUDENT FIRST NAME	$_____	$_____
_____ STUDENT LAST NAME	_____ STUDENT FIRST NAME	$_____	$_____
_____ STUDENT LAST NAME	_____ STUDENT FIRST NAME	$_____	$_____