



THIRD PARTY BILLING TUITION VOUCHER

Company Name: _____

Billing Address: _____

Contact Person (Name & Title): _____

Phone Number: _____

E-mail Address: _____

Term Voucher is for (Fall, Spring, Summer): _____

This tuition voucher authorizes payment for the following students for the above term.

	First Name	Last Name	Student ID	Amount	Covering
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

*Covering means if the company does not have/know an amount, then please state if you are paying for only tuition, distance ed fees, books, housing, parking, or all.

*Payment is due 30 days after invoice is printed. All payments must be made in USD.

Please submit this tuition voucher to Nicole Wirkuty in the Student Billing Resources Office at wirkutyn@uwgb.edu (920-465-2628).

Signature of Authorized Individual: _____ Date: _____