

CHAMPLAIN COLLEGE

EMPLOYER BILLING PAYMENT OPTION

STUDENT INFORMATION

EMPLOYEE'S NAME (Last, First, Middle)

STUDENT ID NUMBER

FEMALE MALE

COURSE TITLE

FALL SPRING SUMMER

EMPLOYEE'S SIGNATURE

DATE

IMPORTANT: In the event that payment is not received within 30 days of billing, student is liable for charges. In the event that you withdraw from your class(es), and payment arrangements are not made at that time, any tuition costs due will be the student's responsibility

EMPLOYER BILLING INFORMATION

Payment is due within 30 days of billing.

EMPLOYER

PHONE NUMBER

EMPLOYER MAILING ADDRESS

AUTHORIZED REPRESENTATIVE (Please Print)

TITLE

SIGNATURE OF AUTHORIZED REPRESENTATIVE

AMOUNT AUTHORIZED

VOUCHER NUMBER

Once completed, please fax (802-860-2762), scan (studentaccounts@champlain.edu) or mail this form to: Student Accounts, Perry Hall, Champlain College, P.O. Box 670, Burlington, VT 05402-0670