

Lakeshore Technical College

Student Billing Office, 1290 North Ave, Cleveland, WI 53015

THIRD PARTY BILLING AGREEMENT FORM

The Third Party Billing Agreement Form must be submitted to the Registration Office at the time of Registration
Lakeshore Technical College will invoice the Company and payment is due upon receipt.

Fax: 920-693-3561 e-mail: studentbilling@gotoltc.edu

Company Name and Billing Address: _____ _____ _____ _____	Date of Agreement: _____ Company Phone: _____ Company PO (optional): _____ Authorizing Company Official Signature: _____
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Course Title: _____ Course Title: _____ Course Title: _____ Course Title: _____	Print Name: _____ Class No: _____ Start Date: _____ Class No: _____ Start Date: _____ Class No: _____ Start Date: _____ Class No: _____ Start Date: _____
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	<u>Student ID#</u> <small>(LTC Staff Use)</small>	<u>Name of Student</u>		<u>Birthdate of Student</u> <u>Or last 4 digits of SS#</u>
1	_____	_____		_____
2	_____	_____		_____
3	_____	_____		_____
4	_____	_____		_____
5	_____	_____		_____
6	_____	_____		_____
7	_____	_____		_____
8	_____	_____		_____

Costs Paid by Company:

Maximum per student:	Tuition: \$ _____	Books: \$ _____	Supplies: \$ _____
Maximum per this agreement:	Tuition: \$ _____	Books: \$ _____	Supplies: \$ _____

Other Instructions: (App Fees, Testing Fees, Any other please specify)

1 _____

2 _____

3 _____

Cancellations:
 Class is dropped on or before first day of class Refund 100%
 99-90 % Time remaining in class Refund 80%
 89-80% Time remaining in class Refund 60%
 Less than 80% Time remaining in class Refund 0%
 Attendance record and/or grades do not affect amount due

For LTC use only	
Corp ID:	_____
Course List	_____
Contract No:	_____
Term:	_____ Initials _____
Fee Code:	_____ Initials _____

Direct tuition bill questions to Student Billing: studentbilling@gotoltc.edu Joan @ 920-693-1351 or Rosalie: 920-693-1138
 Books are billed separately by the bookstore. For additional information call the bookstore at 920.693.1153