DATE

Central Oregon Community College

Keven Vivanco, Fiscal Services

2600 NW College Way

Bend, OR 97703

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COMPANY authorizes COCC to invoice the following student(s) for TERM YEAR:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student Name | COCC ID # | Application Fee? $25  Y/N | Tuition/ Fees  ($) | Books/ Supplies  ($) | Notes |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

Please send invoice to:

Contact:

Address:

Phone:

Email:

Authorization must be received in Fiscal Services - Accounts Receivable prior to the tuition due date in order to prevent late fees and holds on student accounts.

Authorized Signature

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Name: