



## John Wood Community College Third Party Billing Request Form



Please enroll our employee in the classes listed below and send a bill for tuition and fees to the business address below. I understand payment must be received within 30 days from the date of the invoice.

### **Billing Information:**

Contact Person \_\_\_\_\_

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Name of Class(es) \_\_\_\_\_ CRN#(s) \_\_\_\_\_

### **Enrollment Information:**

Student Name

Last 4-Digits of SS#

Class Cost

Student Name	Last 4-Digits of SS#	Class Cost
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Business Representative \_\_\_\_\_ Date \_\_\_\_\_

### **Please fax this form to:**

John Wood Community College  
1301 South 48<sup>th</sup> Street  
Quincy, IL 62305  
Fax: (217) 641-4900  
Phone: (217) 641-4905