

# 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 (802-860-2712), scan ([arc@champlain.edu](mailto:arc@champlain.edu)) or mail this form to: Advising & Registration, Perry Hall, Champlain College, P.O. Box 670, Burlington, VT 05402-0670.***