



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
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Business Representative _____ Date _____

Please fax this form to:

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