



**Madison Area Technical College**  
**Financial Resources**  
**PO Box 14316 Madison WI 53708-0316**  
**Phone (608)258-2412 ~ Fax (608)259-2932**

# BILLING AUTHORIZATION

**1. I HEREBY AUTHORIZE**

(Last)	(First)	(Middle)	

Student ID Number:

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Last 4 Digits of Social Security Number:

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To enroll at Madison Area Technical College and other schools of the District and will be responsible for the payment of fees and other costs as indicated below, incurred during the period from

/	/		to	/	/	
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(Class number)				

(Class Title)

**2. Authorized Expenses (check appropriate items):**

<input type="checkbox"/> Tuition/Course Fees \$ <input style="width: 50px;" type="text"/> Maximum <input type="checkbox"/> Books/Supplies \$ <input style="width: 50px;" type="text"/> Maximum	<input type="checkbox"/> Graduation Fee \$ <input style="width: 50px;" type="text"/> Maximum
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**Total Charges Authorized: \$**

**3. Send bill to:**

(Company Name)	(Representative's Title)
(Street Address)	(Representative's Name)
(Street Address 2)	(Representative's Signature)
(City)	(Tel. No.)
(State)	(Date)
(Zip Code)	

Tax Exempt  Yes  No      If yes, Tax Exempt Number