| Date: | | | | | | | | |
|--|---|--|--|---|---------------------------|-------------------------|----------------------|--|
| School Name: | | Submit to:student.billing@prepaidtuition.com | | | | | | |
| School Contact: | | | | | | | | |
| Phone Number: () | | | | | | | | |
| FEIN Number: | | Phone: 1.888.772.4723, opt 1 Prepayment | | | | | | |
| Address: | | _ | | | | | Program | |
| | | | | | The path to affo | rdable higher education | - Trogram | |
| City: | | _ | | | | | | |
| City: Zip: | | _ | | | | | | |
| Fax: () | | | | | | | | |
| E-Maii: | | _ | | | | | | |
| Term: | | _ | | | | | | |
| Last Date to Drop | Classes and Receive Full F | Refund: | | | | | | |
| Completion of all fields will ensure prompt and accurate payment of invoices. | | | | | | | | |
| Student SSN | Student Name | Hrs Enrolled | Tuition Prior to Any Tuition Only Awards | Fees Prior to Any Fee Only Awards | Remaining Tuition Due* | Remaining Fees Due* | Total Due from SCTPP | |
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| *If applicable | | | | Tot | al Amount Due | <u> </u> | | |
| Invoice Submitt | Invoice Submitted By: Name (please print) Phone Number: | | | | | | | |