



Authorization For Credit

Return to: Student Financials
Lakeshore Technical College
PO Box 155
Cleveland WI 53015-0155
Fax: 920.693.3561
Telephone: 920.693.8213
1.888.468.6582,
Ask for Student Financials

THIS IS NOT AN INVOICE.

Date: _____

1. Course Title: _____ Course Number: _____

2. Beginning Date: _____ End Date: _____

3. Company Name and **Billing Address:** _____ Company P.O. No. _____

_____ Authorizing Company Official: _____

_____ Company Phone #: _____

4. Name and Social Security Number of Attendee(s): _____ Student ID #
(LTC Staff Use)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

5. Authorization has been granted to charge the following:

Estimated

Application Fee: _____ Students x **\$30.** Each = \$ _____

Fees: _____ Students x \$ _____ Each = \$ _____

Books: _____ Books x \$ _____ Each = \$ _____

Supplies (Pens, Pencils, etc.): = \$ _____

Other (Please identify):

1. _____ = \$ _____

2. _____ = \$ _____

3. _____ = \$ _____

For LTC Staff Use Only:
Program Fee Code: _____ Term: _____
Org ID: _____ Initials: _____
Course List: _____
Contract No.: _____