



Authorization to Bill

This form authorizes Northeast Wisconsin Technical College to submit for payment, a bill for all specified fees related to the training and education of the student(s) listed below. **Please note a student should be enrolled prior to submitting this authorization to bill.**

Organization Sponsoring Student Billing Address City, State, Zip Code	
Contact Name	
Phone Number	
Purchase Order Number (optional)	

In Order to ensure that NWTC credits your organization with the appropriate amount, please reference your Organization and Invoice number and on all checks sent to NWTC.

All listed students are authorized to take **All** listed courses. To authorize different students in different courses, you **must** use a separate authorization.

*Payment for books and supplies is due at the time of purchase.
For more information, please visit: <https://www.nwtcbookstore.com/sponsored>*

Semester Covered (Please only mark one): _____ **Spring** _____ **Summer** _____ **Fall**

Authorized Courses*:

Catalog Number _____	Course Name: _____
_____	_____
_____	_____

*Leaving this section blank authorizes NWTC to bill for **any and all classes** for which a student registers. NWTC accepts no responsibility for determining which classes are related to your organization and which are not.

Note: NWTC reserves the right to substitute the same course, but a different class (time, date, etc.), at the request of the student, without obtaining a new authorization.

Name of Student	Student ID # Or SSN (one required)	Maximum \$\$ allowed for student
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed & Dated form must be submitted to: _____
Authorizing Signature
Date

Please Complete the ATB and mail, fax, or e-mail to:

Northeast Wisconsin Technical College
Attn: Student Finance
2740 W. Mason Street
Green Bay WI, 54307
Fax: 920-491-2619
Email: studentfinance@nwtc.edu
Phone: 920-498-5444