



BILLING AUTHORIZATION

This letter serves as authorization to bill for: Tuition Fees Books Housing Meals Test Fee

Class Title: _____

Course Number: _____

Other: _____

Please bill our company for the following student(s):

_____	_____
_____	_____
_____	_____
_____	_____

Billing address and contact information:

Company Name: _____ PO#: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Phone Number: _____

Email Address: _____ Email Invoice: Yes No

The company agrees to pay Northeast Community College for the student(s) listed above unless they are withdrawn during the 100% refund period. Employees that leave or no longer work for the company are not exempt from the payment and/or refund process. Please see the refund policy on the next page.

Authorizing Signature: _____ Date: _____

Northeast Community College
Student Accounts
801 East Benjamin Avenue / PO Box 469 / Norfolk NE 68702-0469
Phone (402) 844-7001 / Fax (402) 844-7410
ars@northeast.edu



Refund Schedule

Full-Term Credit Classes

Weeks of Semester	Percent of Refund
First and Second Week	100%
Third and Fourth Week	50%
After Fourth Week	0%

Less Than Full-Term Classes

Follow the same refund schedule as full-term class, adjusted accordingly for the length of the class.

Classes one (1) week or less in length

If dropped prior to the day the class begins, 100% refund: if dropped the day of the class begins or later, no refund.

Summer Term Classes

Follow the same refund schedule as full-term class, adjusted accordingly for the length of the class.

Non-Credit Classes

Withdraw prior to start of class	100%
Withdraw after start of class	0%