



## 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The company agrees to pay Northeast Community College for the student(s) listed above unless they are withdrawn during the 100% refund period.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](mailto:ars@northeast.edu)



## **Refund Schedule**

### **Full-Term Credit Classes**

<b>Weeks of Semester</b>	<b>Percent of Refund</b>
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%