Please remit with registration materials following the first and or last class session.

INVOICE REIMBURSEMENT

Date: _____

Agency Information

Name: _____

Business/Agency Name: _____

Agency Address: _____

_____

City Zip

_____

Course Information

Course Title: _____

Course K Number: K _____ Credits:_____

Term of Course Offering: _____ Year: _____

_____

Reimbursement

Line 1 _____**X** _____ **=** _____

(# of credit students enclosed) (course fee total) Total (PSU credit + agency)

Line 2 $50 **X** _____**X** _____**=** _____

($50 PSU credit fee) (# of credits) (# of credit students enclosed) Total (PSU credit fee)

Line 3 Line 1 **minus** Line 2 **=** _____

(total due agency)

Agency Remittance

75% Remittance (total agency - 75%) = _____**X** 75% = _____

(Line 3) (Total)

OR

25% Remittance (total agency - 25%) = _____**X** 25% = _____

(Line 3) (Total)

_____

Remit To

ATTN: SES Registration
School of Extended Studies
PO Box 1393
Portland, OR 97207-1393
(envelope provided)

*The agency must attach a roster of student names, social security numbers, addresses, and phone numbers with the students checks made payable to PSU. **A copy of this invoice and the class roster will be returned with your payment.**

FOR OFFICE USE ONLY

Agreement #_____

Date paid: _____

PSU Invoice: _____

Agency Vendor # or SS #: _____

Index Code: _____

Enrollment Adjustments

_____

_____

_____

_____

_____

_____

_____

I:\ce\dce\regpkt\invoicenew Revised 6/30/05