



Third Party Billing Authorization

Admissions: 500 College Drive P.O. Box 2799 Whitehorse, Yukon Y1A 5K4 **Tel:** 867-668-8710 **Fax:** 867-668-8899
Email: admissions@yukoncollege.yk.ca

Section A: Sponsor Information

Sponsor Name:	<input type="text"/>	Contact Name:	<input type="text"/>	PO # (if applicable) ** Hard Copy Must Follow	<input type="text"/>
Address:	<input type="text"/>		Phone Number	<input type="text"/>	Ext. <input type="text"/> Fax Number <input type="text"/>
	Email <input type="text"/>				

Section B: Student Information

Student Name:	<input type="text"/>	YC ID:	<input type="text"/>	Date of Birth: (dd-mmm-yy)	<input type="text"/>
Program:	<input type="text"/>				

Authorized Terms:	<input type="checkbox"/> Fall Term (Sept-Dec) Year: 20 <input type="text"/>	<input type="checkbox"/> Spring/Summer (May-Aug) Year: 20 <input type="text"/>
	<input type="checkbox"/> Winter Term (Jan-Apr) Year: 20 <input type="text"/>	<input type="checkbox"/> Multi-Year From: <input type="text"/> To: <input type="text"/>

Section C: Tuition and Fee Coverage

Application Fee:	<input type="radio"/> Full	<input type="radio"/> Amt: <input type="text"/>	<input type="radio"/> N/A	Repeat Courses Covered: <input type="radio"/> Yes <input type="radio"/> No
Tuition:	<input type="radio"/> Full	<input type="radio"/> Amt: <input type="text"/>	<input type="radio"/> N/A	
Student Union Fee:	<input type="radio"/> Full	<input type="radio"/> Amt: <input type="text"/>	<input type="radio"/> N/A	
Technology Fee:	<input type="radio"/> Full	<input type="radio"/> Amt: <input type="text"/>	<input type="radio"/> N/A	
Course Fee:	<input type="radio"/> Full	<input type="radio"/> Amt: <input type="text"/>	<input type="radio"/> N/A	
Lab Fee:	<input type="radio"/> Full	<input type="radio"/> Amt: <input type="text"/>	<input type="radio"/> N/A	
Dist. Ed. Textbooks:	<input type="radio"/> Full	<input type="radio"/> Amt: <input type="text"/>	<input type="radio"/> N/A	
Misc:	<input type="radio"/> Full	<input type="radio"/> Amt: <input type="text"/>	<input type="radio"/> N/A	Description: <input type="text"/>

Section D: Bookstore

Textbooks:	<input type="radio"/> Full	<input type="radio"/> Amt: <input type="text"/>	<input type="radio"/> N/A
Stationery / Supplies:		<input type="radio"/> Amt: <input type="text"/>	<input type="radio"/> N/A
Clothing / Apparel:		<input type="radio"/> Amt: <input type="text"/>	<input type="radio"/> N/A
Bus Pass:		<input type="radio"/> Amt: <input type="text"/>	<input type="radio"/> N/A
Other: <input type="text"/>		<input type="radio"/> Amt: <input type="text"/>	<input type="radio"/> N/A

Section E: Residence

Residence App. Fee:	<input type="radio"/> Full	<input type="radio"/> Amt: <input type="text"/>	<input type="radio"/> N/A
Damage Deposit:	<input type="radio"/> Full	<input type="radio"/> Amt: <input type="text"/>	<input type="radio"/> N/A
Term Fee:	<input type="radio"/> Full	<input type="radio"/> Amt: <input type="text"/>	<input type="radio"/> N/A
Christmas Break Fee:	<input type="radio"/> Full	<input type="radio"/> Amt: <input type="text"/>	<input type="radio"/> N/A
Misc Fee (ie: lost keys):	<input type="radio"/> Full	<input type="radio"/> Amt: <input type="text"/>	<input type="radio"/> N/A

I, _____ authorize Yukon College to invoice for the charges as outlined.

Authorized Sponsor Signature _____

For Admissions Use Only:

Copy for Multiple Semesters Copy for Bookstore Copy for Residence