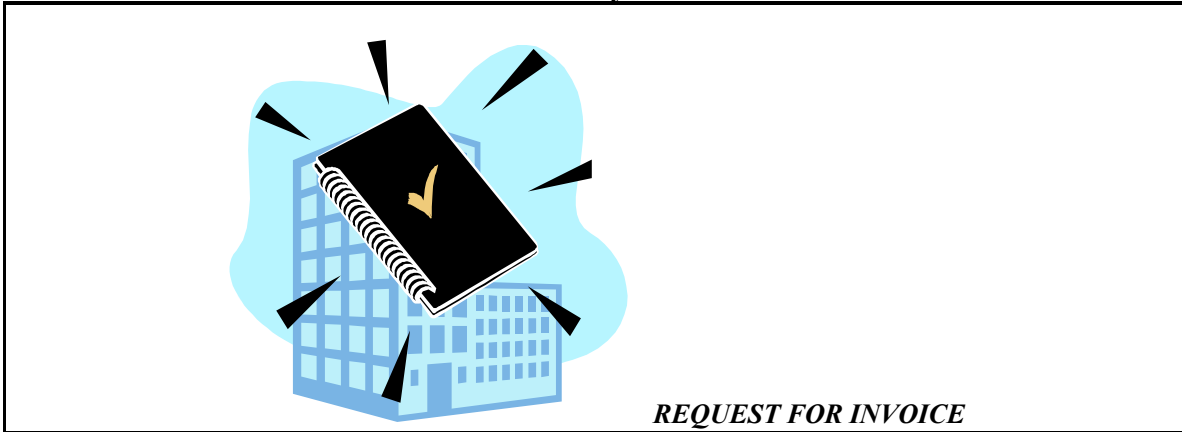


Today's Date \_\_\_\_\_



Name of Student \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

SS# (or Student ID) \_\_\_\_\_

Student Type: \_\_\_\_\_ 1<sup>ST</sup> Time/Readmit (2009-2010) \_\_\_\_\_ Returning/Continuing

Name of Agency or Program to be billed (please print or type): \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_

Telephone (10 Digits) \_\_\_\_\_

Fax # \_\_\_\_\_

Contact person \_\_\_\_\_

Should invoice be faxed? Yes \_\_\_\_\_ No \_\_\_\_\_

**Bill should include: (Check all that apply)**

\_\_\_\_\_ Number of hours enrolled or intended for the semester

\_\_\_\_\_ Tuition \_\_\_\_\_ Technology Fees \_\_\_\_\_ Student Fees

\_\_\_\_\_ Lab Fees (if known) \_\_\_\_\_ Miscellaneous Fees \_\_\_\_\_ Books

\_\_\_\_\_ Traditional Residence Hall: \_\_\_\_\_ Room \_\_\_\_\_ Board

**Bill should include: (Check all that apply)**

**Morehouse Suites** (Board excluded): \_\_\_\_\_ 4 BR Suite \_\_\_\_\_ 2 BR Suite

\_\_\_\_\_ 1BR Suite \_\_\_\_\_ 4 BR Apartment \_\_\_\_\_ 2 BR Apartment

**Off-Campus Meal Plan (Check one, if applicable):** \_\_\_\_\_ 5 Meals per week

\_\_\_\_\_ 10 Meals per week \_\_\_\_\_ 15 Meals per week \_\_\_\_\_ 19 Meals per week

**Should financial aid and/or scholarships be included on invoice? Yes \_\_\_\_\_ No \_\_\_\_\_**

**BILLING INSTRUCTIONS (Check the appropriate one:)**

\_\_\_\_\_ Bill for fall semester only, August - December

\_\_\_\_\_ Bill for spring semester only, January - May

\_\_\_\_\_ Bill for Academic Year, August - May

\_\_\_\_\_ Bill for summer semester only

**Mail this invoice to (Check One):**

\_\_\_\_\_ Agency

\_\_\_\_\_ Parent/Guardian

**If mailed to parent, give parent's name and address: (Please print)**

Parent's Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

**Important Note:** Complete **one** form for each agency. Also, attach a copy of any supporting documentation, i.e., scholarship letter, employer form, rehabilitation form, etc. Feel free to duplicate this form.

**Please complete this form and return it to the Office of Business and Finance, STUDENT ACCOUNTS, Morehouse College, 830 Westview Drive, S.W., Atlanta, Georgia 30314-3773. Completed forms may also be faxed to the attention of Student Accounts at (404) 653-7740.**