

PINELLAS COUNTY SCHOOLS
CAREER, TECHNICAL AND ADULT EDUCATION
BILLING AUTHORIZATION

PLEASE INVOICE:

Contact Person Phone Number

Organization

Street Address

City, State, Zip Code

FOR: Course/Workshop _____

DATE(S): _____ TOTAL CLASS HOURS: _____

COMMUNITY/CENTER SCHOOL: _____

CPR FEES: TUITION: \$3.58
 MATERIALS: \$3.00
 CARDS: \$2.00

FIRST AID FEES: TUITION: \$3.58
 CARDS: \$2.00

DATE	SIGNATURE	LAST 5 DIGITS OF SS #	TUITION	MATERIAL/ CARD FEE

SUB TOTAL: \$ _____

TOTAL DUE: \$ _____

 Signature/Authorized Representative

 Instructor's Signature