

Allegheny Campus Student Accounts 808 Ridge Avenue Pgh., PA 15212 412-237-4641 Boyce Campus Student Accounts 595 Beatty Road Monroeville, PA 15146 724-325-6785 West Hills Center Continuing Education 1000 McKee Road Oakdale, PA 15071 412-788-7500 North Campus Student Accounts 8701 Perry Highway Pgh., PA 15237 412-369-3670 South Campus Student Accounts 1750 Clairton Road West Mifflin, PA 1522 412-469-6399

EMPLOYER/AGENCY PAYMENT OF TUITION/ EXPENSE AGREEMENT

(NOTICE: THIS IS A LEGALLY-BINDING CONTRACT. CONSULT WITH LEGAL COUNSEL BEFORE SIGNING)

Company/Agency Name				
Billing Address				
City		State	ZipCode	
Contact Person		Title	Phone #	
Agrees to pay 100% or	%/dollars of the	following:		
(Check all that apply)	Tuition	Fees	Books	Supplies
(Check only one term)	Fall	Spring	1st Summer	2 nd Summer
(Check only one type)	CREDI	T Courses Only		NON-CREDIT Courses Only
Specific Course/Other				
 All College registration Any agreement between In order for a Compareserves the right to a control of the reserves the right to a control of the rig	any/Agency to sponsor a stuverify that the student is an eate companies/Agencies mutanies, who sponsor an out-of-aining to the student will be tenter into any performance by bill for those charges not coal eltter of explanation.	to this contract. Inpany/Agency will have no ident, the student must be a simployee of the Company of st pay out-of-county/state to-county student, will be clarceleased to the Company/Ar-based contracts with any Covered by other funding souted off above. A new agreement of the company credit card.	n "employee" of the Comparcilient of the Agency. uition and fees if the studentarged in-county rates as longed the appropriate out-of-gency unless the student at Company/Agency. Incress (grants, scholarships, of the must be executed for the No personal checks will be	ring as the student is an "employee" of the recounty rates. uthorizes the release in writing. etc.) If this policy conflicts with your each term thereafter.
DOB Name		Emp / Client I	OOB <u>Name</u>	Emp / Client
regarding the registration : Company/Agency agrees th Company/Agency also unde	and refund process. The C	company/Agency also agree we are third party beneficia nitted future contracts with the	es to unconditionally make aries of this contract. If C ne College.	e Community College of Allegheny County e the payments as set forth above. The company/Agency defaults on this contract,
Company/Agency Signature		Title		Date
RECEIVED BY:				
College Signature		Title		Date
College Use: Sponsor # _	Spon	sorship #	Contract #	Year/Term
Copies: STUDI	ENT ACCOUNTS (White)	DEPARTMENT (Can	ary) COMP	PANY (Pink)