MIAMI DADE COLLEGE
STUDENT FINANCIAL SERVICES
11011 S.W. 104TH STREET
MIAMI, FLORIDA 33176
(305) 237- 2141

☐ Check Attached
☐ Credit
☐ Non-Credit

Contract/Authorization
FOR PAYMENT OF STUDENT FEES BY AGENCY

1. This agreement is entered into as of this _____day of _____, 20___, by and between Miami Dade College and _____, hereinafter referred to as "Agency"
(Agency)

WITNESSETH THAT:

2. The agency agrees to pay fees incurred for the following services (include activity title, reference number, cost center, location, dates, times, number of students, fees, etc., as applicable, and attach a list of student names, if available):

3. Cost of services covered by this authorization:

4. Other pertinent information (include any special term or procedures for billing or payment):

5. When applicable, the College will submit a bill to the agency at the conclusion of the registration period each term; at that time, the agency will promptly mail a properly identified check to the College for the full amount of the bill.

6. _____ _____
Name of Agency (Same as in section 1) Name and Title of Authorized Officer/Sponsor

_____ _____( )_____
Address of Agency Signature of Authorized Office Telephone No.

_____ _____
City State Zip Code Agency's reference Number (s)

7. _____ _____( )_____
Name of MDC Coordinator (Please print) Signature of Coordinator Telephone No.

8. _____ _____( )_____
Name of Cont. Ed. Dept. Head (Please print) Signature of Cont. Ed. Dept. Head Telephone No.

9. Accepted for Miami Dade College:

_____
Name and Title of Authorized Officer (Please print)

_____( )_____
Signature of Authorized Officer Telephone No.

Refer to Procedure 3128/3129 for processing details.
Send completed forms to Student Financial Services Kendall Campus room 9254

SFS- 08/30/02

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