**** FOR SCHOOL USE ONLY ****

School Name: _____

Federal Tax ID #:_____

Date: _____ Term: _____

Final Financial Add/Drop Date: _____

Submit to: student.billing@prepaidtuition.com
Fax: 1-800-519-4652
College Illinois! Student Billing
c/o Intuition College Savings Solutions
9428 Baymeadows Rd., Suite 600
Jacksonville, FL 32256
Phone: 1-877-877-3724, option 2

Completion of all fields will ensure prompt and accurate payment of invoices.

Student SSN	Student Name	Hours Enrolled	Tuition Prior to any Tuition Only Awards	Fees Prior to Any Fee Only Awards	Remaining Tuition Due (if applicable)	Remaining Fees Due (if applicable)	Total Due from College Illinois!

Total Amount Due: _____

Send payment to:

School Name:_____
Address 1: _____
Address 2: _____
City, State Zip: _____
*Fax: _____
*E-mail: _____

Invoice Submitted by:

Name: _____

Phone: _____

(*NOTE: Please provide Fax and E-mail for Bursar/Cashier Office where payment is received so that notification with student name and payment information can be provided when payment is issued.)