Date: _____

| School Name: | |
|-----------------------------------|--|
| City:Zip: tate:Zip: fax: () | |

Submit to: <u>student.billing@prepaidtuition.com</u>

Fax: 1.800.519.4652

KAPT Student Billing c/o Intuition Systems, Inc 9428 Baymeadows Rd, Suite 600 Jacksonville, FL 32256 Phone: 1.888.919.5278, opt 2



Term: _____

Last Date to Drop Classes and Receive Full Refund:

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

| Student SSN | Student Name | Hrs Enrolled | Tuition Prior to Any Tuition Only Awards | Fees Prior to Any Fee Only Awards | Remaining Tuition Due* | Remaining Fees Due* | Total Due from KAPT |
|-------------|--------------|-----------------|--|---|---------------------------|------------------------|------------------------|
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*If applicable

| | Total Amount Due: |
|---|-------------------|
| Invoice Submitted By: Name (please print) | Phone Number: |