Date: _____

School Name: _____
School Contact: _____
Phone Number: (____)_____
FEIN Number: _____
Address: _____
_____
City: _____
State: _____ Zip: _____
Fax: (____)_____
E-Mail: _____

Submit to:
student.billing@prepaidtuition.com

Fax: 1.800.519.4652

College Illinois!® Student Billing
c/o Intuition Systems, Inc
9428 Baymeadows Rd, Suite 600
Jacksonville, FL 32256
Phone: 1.877.877.3724, 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 *College Illinois!*

*If applicable

Total Amount Due:_____

Invoice Submitted By: Name (please print)_____ Phone Number:_____