

Date: \_\_\_\_\_

School Name: \_\_\_\_\_

School Contact: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

FEIN Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Term: \_\_\_\_\_

Last Date to Drop Classes and Receive Full Refund: \_\_\_\_\_

Submit to:  
[student.billing@prepaidtuition.com](mailto:student.billing@prepaidtuition.com)

Fax: 1.800.519.4652

SCTPP Student Billing  
c/o Intuition Systems, Inc  
9428 Baymeadows Rd, Suite 600  
Jacksonville, FL 32256  
Phone: 1.888.772.4723, opt 1



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 SCTPP

\*If applicable

Total Amount Due: \_\_\_\_\_

Invoice Submitted By: Name (please print) \_\_\_\_\_ Phone Number: \_\_\_\_\_