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Return completed document to:  
 Stacey Abell  
 \_\_\_\_\_  
 FAX (319) 752-3407 for Continuing Education classes  
 \_\_\_\_\_

**THIRD PARTY PAYMENT AGREEMENT**  
 BETWEEN: SOUTHEASTERN COMMUNITY COLLEGE  
 AND

**BILLING COMPANY NAME** \_\_\_\_\_  
**BILLING ADDRESS** \_\_\_\_\_  
**BILLING CITY / STATE / ZIP** \_\_\_\_\_  
**BILLING CONTACT** \_\_\_\_\_  
**BILLING PHONE** \_\_\_\_\_ **BILLING FAX** \_\_\_\_\_  
**BILLING EMAIL** \_\_\_\_\_

*The above named company/organization agrees to accept responsibility for the following charges:*

<b>CLASS TITLE</b>	<u>Lean 101 – Principles of Lean Manufacturing</u>	<b>CLASS NUMBER</b>	<u>21615</u>
BEGINNING DATE	<u>3/23/10</u>	END DATE	<u>3/23/10</u>
CLASS COST	<u>\$ 250.00/person</u>	BOOK COST	<u>\$ Included</u>

**EMPLOYEE NAME** \_\_\_\_\_ **SSN** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
**CITY/STATE/ZIP** \_\_\_\_\_

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**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
**CITY/STATE/ZIP** \_\_\_\_\_

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**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
**CITY/STATE/ZIP** \_\_\_\_\_

**EMPLOYEE NAME** \_\_\_\_\_ **SSN** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_ **PHONE** \_\_\_\_\_  
**CITY/STATE/ZIP** \_\_\_\_\_

**TOTAL AUTHORIZED AMOUNT** \$ \_\_\_\_\_  
**REMARKS:** Send four people from one company and the fifth person is free!

\_\_\_\_\_  
**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
 \_\_\_\_\_  
**TITLE** \_\_\_\_\_

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