## UOFM COMPANY AUTHORIZATION DIRECT BILLING FORM

COMILETED	BY EMPLOYEE/ST	UDENT (Please Pr	rint):			
Date		Semester: I	Fall Spring	Summer	Status: UG _	GR
First Name		Last Name	e		Last 4 of SS	S
Student Univers	sity ID <u>U</u>		Email			
Permanent Add	ress		<u>-</u>			
City/State/Zip _						
Permanent Phone		Cell	Phone			
COMPLETED BY	Y EMPLOYER- INVOICE	S SHOULD BE MAIL	LED OR EMAILED TO:			
Attention of:						
Company Name	e			Department		
Company Representative Name				Title		
Company Addre	ess		City	//State/Zip		
F. 11				stoot Number		
For approving below:  Credit by Example 19	g payment for Credi  m: \$60 minimum per	it by Exam or Ex	xperiential Learni	ng, please comp	olete the cours	e information
For approving below:  Credit by Example and 3 hr course	g payment for Credi	it by Exam or Ex course, plus \$15 A 4hr course will b	per credit hour in ebe \$60+15=\$75.	ng, please comp excess of 3 hours e \$100 per credit	plete the cours s per course. Ex t hour	e information
For approving below:  Credit by Exammer and 3 hr course Experiential L	g payment for Credi m: \$60 minimum per e will be \$60 each. A Learning: Undergrade	course, plus \$15 A 4hr course will buate \$75 per credi	per credit hour in et be \$60+15=\$75.	ng, please comp excess of 3 hours e \$100 per credit	plete the cours s per course. Ex t hour	e information xample a 1hr, 2hr
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For approving below:  Credit by Examand 3 hr course Experiential L.  Subject  Signatures I authorize the U.  Company Represential the University is	g payment for Credi  m: \$60 minimum per e will be \$60 each. A  Learning: Undergradu  Course Number  : University of Memphis	course, plus \$15 A 4hr course will but to invoice the comporize the University	per credit hour in et be \$60+15=\$75.  It hour and graduate Credit by Exame pany listed above for Company of Memphis to release to the control of	e \$100 per credit  Experientic Learning  the employee liste  ny Representative  of my alternative ease my student i	ed above.  e's Signature  e credits if my enformation to t	e information  cample a 1hr, 2hr  Amount  Date  employer fails to phe employer listee
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