RCC
Rogue Community College

3rd Party Voucher

SUBMIT VOUCHER BY EMAIL: AR@ROGUECC.EDU

AGENCY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: _____ **EMAIL:** _____

EMAIL INVOICE TO: _____

Date: _____

Term: Summer ☐ Fall ☐ Winter ☐ Spring ☐ Academic Year: _____

Student ID	Name	Courses*	Total

I authorize Rogue Community College (RCC) to apply this voucher to the students listed above for the amount indicated. I acknowledge that my agency is responsible for the payment of the total amount authorized on this voucher.
My agency accepts full financial liability for the authorized charges. If a specific dollar amount is not listed, RCC will invoice for the full balance due for the term.

*** Please list courses above if this authorization does not apply to all enrolled courses.**

Authorized Signature _____ Authorized Name (typed) _____

Title _____ Date: _____