

Direct Bill Voucher

Employer and/or Company Name: _____

Address: _____

City St Zip: _____

Contact Name: _____

Contact Phone No: _____

Contact Fax No: _____

Employee/Student Name: _____

SSN: _____

By signing below our company agrees to pay Grand Canyon University for the following charges for the above named employee/student:

- Tuition @ _____ per credit hour
- Books to the amount of _____ per semester
- Fees

For the following semesters*:

- 05/Summer II
- 05/Fall
- 05/Fall II
- 06/Spring

What we need in order to pay Grand Canyon University:

- Invoice
- Grade Report or Unofficial Transcripts
- Other _____

Please note the employee/student SSN on payment and remit to:

Grand Canyon University
Bursar Office
PO Box 11097
Phoenix AZ 85061-1097

Print Name of Authorized Representative

Signature of Authorized Representative

Title

Date

*Please note: This applies for the 2005-2006 Academic Year and needs to be completed before the first semester the student enrolls for this academic year. A new form will be require for each additional Academic Year the students enrolls and is eligible to received payment for tuition by employer.