School Letterhead

Business Office Address

Phone

**Billing Statement**

SD Department of Labor and Regulation Date:

Att:

Local DLR Office address

City, State, Zip

STUDENT NAME:

Semester or Quarter: ( )

 Total

Enrolled Credits Cost Per Credit Cost Per Credit Hour

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Tuition |  |  | $ | $ |
|  | Institute Fee |  |  | $ | $ |
|  | Facility Fee-Maintenance |  |  | $ | $ |
|  | State Fees |  |  | $ | $ |
|  | Online Fees |  |  | $ | $ |
|  | Laptop Fees |  |  | $ | $ |
|  | Books |  |  | $ | $ |
|  | Other |  |  | $ | $ |

 **Total DUE $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Paid By WIOA $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Total Paid By Other Sources $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*NOTE: Please indicate student’s name and ID# on your remittance*.

Checks are to be made payable to: School Name

 Address the check is to go to

 City, State and Zip Code