**Third Party Authorization for Payment**



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| **Organization Information** |
| Organization Name | PO# |
| Address |
| **Participant Information** |  |
| Participant Name |
| Student Address |
| Email | Phone Number |
| **Course/Event Information** |  |
| Course/Event Name  | Course/Event Date |  |
| Course/Event Fee | Additional Expenses | Total Authorized Amount |
| **Billing Information** |
| Billing Contact & Title | Billing Phone Number |
| Authorized Signature | Date | Billing Email |

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| Coon Rapids, MN | 55433 |
| (763) 433-1200 |
| PWT@AnokaRamsey.edu |