**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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| (763) 433-1200 |
| PWT@AnokaRamsey.edu |