

**North Coast Beginning Teacher Program
North Coast Paraprofessional Teacher Training Program
Payment Authorization Form**

Name _____
(please print)

Date (of submission) _____ Semester (e.g., spring 2009) _____

Mailing address: _____

Please attach receipts with dates. Make sure the receipts are itemized so each separate "amount requested" is matched with a receipt or part of a receipt. Please keep copies of the receipts you submit.

Amount Requested

\$ _____ Tuition for College/University: _____
(name)

\$ _____ Fees (not included with tuition costs, e.g. lab, parking, etc.)

\$ _____ Books

\$ _____ Supplies needed for courses: (please describe)

\$ _____ Other (e.g. application or test fees, transcripts). *Please specify.*

\$ _____ TOTAL Amount Requested

signature

SEND/FAX TO:

**North Coast Beginning Teacher Program • 5340 Skylane Blvd, Santa Rosa, CA 95403
(707) 524-2822 • Fax (707) 524-2815**