

MIDDLE BUCKS INSTITUTE OF TECHNOLOGY

2740 York Rd.
Jamison, PA 18929
Attn: Student Forms

TEL: 215-343-2480
FAX: 215-343-8626

Invoice / Statement For: Dental Occupations - Level 300 Students

| Description | Price per item | Quantity | Total per item |
|---|----------------|----------|-----------------|
| Student Activity Fee (covers SkillsUSA student organization events and a portion of the cap & gown package for Senior Recognition) | \$30.00 | 1 | \$30.00 |
| HOSA Activity fee | \$30.00 | 1 | \$30.00 |
| CPR Certification | \$50.00 | 1 | \$50.00 |
| | | | |
| | | | |
| Total Balance Due to MBIT By: August 31, 2024 | | | \$110.00 |

If you are unable to pay the total balance in full by the due date, please contact the Guidance office.

Please detach and return bottom portion



*Reminder: Please include this bottom portion with your **check made payable to "MBIT"**, or MasterCard/Visa information, along with other required student forms. Your cancelled check or credit card statement will serve as your receipt of payment.*

REMITTANCE:

Student Name: _____

Course of Study: **Dental Occupations - Returning Students**

Amount Due: **\$110.00**

Amount Enclosed: _____

If paying via Credit Card:

Name of Cardholder: _____

Mastercard/Visa #: _____ - _____ - _____ - _____ Exp. Date: ____/____

CVC (3 digit code on back of card) ___ __

MBIT USE ONLY:

DATE RECEIVED / INITIALS

CASH / CHECK / CREDIT
DEN 6790-680