

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: Medical & Health Professions-100 level

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
Student Workbook - Diversified Health Occupations 8th ed	\$51.00	1	\$51.00
HOSA Chapter Dues	\$30.00	1	\$30.00
OSHA - for Healthcare Workers	\$32.00	1	\$32.00
CPR BLS Healthcare Provider w/ AED	\$10.00	1	\$10.00
Total Balance Due to MBIT By: August 31, 2024			\$153.00

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: **Medical & Health Professions- - New Students** _____

Amount Due: **\$153.00** _____

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
 MHP 6790-630