

# 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 200 Students**

Description	Price per item	Quantity	Total per item
<b>Student Activity Fee</b> (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
DANB Radiology Exam Fee	\$275.00	1	\$275.00
Radiology WB / Lab Guide	\$39.00	1	\$39.00
DANB Student RDH Review Tests	\$140.00	1	\$140.00
<b>Total Balance Due to MBIT By: August 31, 2024</b>			<b>\$514.00</b>

*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: **\$514.00**  
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