

# 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-200 level

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 Chapter Dues	\$30.00	1	\$30.00
MindTap Diversified Health Occupations, 8th Edition Updated (Instant Access)	\$35.00	1	\$35.00
HIPAA Certification - CareerSafe	\$10.00	1	\$10.00
Bloodborne Pathogens Certification - CareerSafe	\$10.00	1	\$10.00
<b>Total Balance Due to MBIT By: August 31, 2024</b>			<b>\$115.00</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:** **Medical & Health Professions- Level 200**

**Amount Due:** **\$115.00**

**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 6790-650**