## MIDDLE BUCKS INSTITUTE OF TECHNOLOGY

2740 York Rd. Jamison, PA 18929 Attn: Student Forms TEL: 215-343-2480 FAX: 215-343-8626

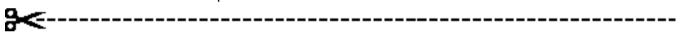
## Invoice / Statement For:

Medical & Health Professions -300 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
Workbook - Hartman's Complete Guide for the Patient Care Technician	\$17.60	1	\$17.60
CPR BLS Healthcare Provider w/ AED (recertification)	\$10.00	1	\$10.00
AHA First Aid Certification	\$22.00	1	\$22.00
Workbook - Hartman's Complete Guide for the EKG Technician	\$9.60		\$9.60
Total Balance Due to MBIT By: August 31, 2	\$119.20		

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 300		
Amount Due:	\$119.20		
Amount Enclosed: _			
lf paying via Credit C	ard:		
Name of Cardholder:			
Mastercard/Visa #: _		<b> E</b> xp. Date: /	
CVC (3 digit code on	back of card)		
MBIT USE ONLY:			
DATE RECEIVED	/ INITIALS	CASH / CHECK / CREDIT MHP 6790-650	