

# 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
<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
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
<b>Total Balance Due to MBIT By: August 31, 2024</b>			<b>\$153.00</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- - 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