

Balance Cleared?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	By: _____	Date: _____	N/A _____
<input type="checkbox"/> Registration \$30.00					
Date: _____	Rec'd By: _____	Invoice # _____	Payment Type: _____		
# of Students: _____	# of Classes: _____				
<input type="checkbox"/> Paid in Full	<input type="checkbox"/> Pro-rated				
Ttl Due: _____	Payment Type: _____	Date: _____	Rec'd By: _____	Inv: _____	
<input type="checkbox"/> Installment Pay	<input type="checkbox"/> Pro-rated				
Ttl Due: _____	Code _____				
Amnt Pd: _____	Date: _____	Pay Type: _____	Rec'd By: _____	Inv: _____	Balance: _____
Amnt Pd: _____	Date: _____	Pay Type: _____	Rec'd By: _____	Inv: _____	Balance: _____
Amnt Pd: _____	Date: _____	Pay Type: _____	Rec'd By: _____	Inv: _____	Balance: _____
Amnt Pd: _____	Date: _____	Pay Type: _____	Rec'd By: _____	Inv: _____	Balance: _____
Amnt Pd: _____	Date: _____	Pay Type: _____	Rec'd By: _____	Inv: _____	Balance: _____

******Important details or extra information for payment:**
