

Date: \_\_\_\_\_

School Name: \_\_\_\_\_

School Contact: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

FEIN Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Academic Term/Year: \_\_\_\_\_

Submit to:

[dlawhorn@kheaa.com](mailto:dlawhorn@kheaa.com) or [KAPT@kheaa.com](mailto:KAPT@kheaa.com)

eFax: (502) 696-7458

KAPT Student Billing

c/o KHEAA

PO Box 798

Frankfort, KY 40602-0798

Phone: 502-696-7613

Last Date to Drop Classes and Receive Full Refund: \_\_\_\_\_

**Completion of fields will ensure prompt and accurate payment of invoices.**

Student SSN last 4 digits	Student Name	Hrs. Enrolled	Tuition Prior to Any Tuition Only Awards	Fees Prior to Any Fee Only Awards	Remaining Tuition Due*	Remaining Fees Due*	Total Due from KAPT

\*If applicable

Total Amount Due: \_\_\_\_\_

Invoice Submitted by: Name (please print) \_\_\_\_\_ Direct Phone Number: (\_\_\_\_) \_\_\_\_\_