

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

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

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

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

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

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

\_\_\_\_\_

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

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

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

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

Submit to:  
[sbradley@kheaa.com](mailto:sbradley@kheaa.com)

eFax: (502) 696-7458

KAPT Student Billing  
c/o KHEAA  
PO Box 798  
Frankfort, KY 40602-0798  
Phone: 502-696-7613

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

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

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

<b>Student KAPT Account Number (new)</b>	<b>Student ID Number</b>	<b>Student Name</b>	<b>Hrs. Enrolled</b>	<b>Tuition Prior to Any Tuition Only Awards</b>	<b>Fees Prior to Any Fee Only Awards</b>	<b>Remaining Tuition Due*</b>	<b>Remaining Fees Due*</b>	<b>Total Due from KAPT</b>

\*If applicable Total Amount Due: \_\_\_\_\_

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