KAPT
Kentucky's Affordable Prepaid Tuition

Date: _____

School Name: _____
School Contact: _____

Phone Number: (____) _____
FEIN Number: _____
Address: _____
_____
City: _____
State: _____ Zip: _____
Fax: (____) _____
Email: _____

Submit to:
kapt@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.

Student KAPT Account Number	Student ID Number	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: (____)_____