

# Parkland College Third Party Sponsor Form

Student Name: \_\_\_\_\_ Parkland ID# \_\_\_\_\_

Term\*: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ 20\_\_\_\_  
(Choose One) \*A new form must be submitted for each semester

Please Bill:

Agency Name: \_\_\_\_\_ Tax Exempt \_\_\_Yes \_\_\_No

Contact Person: \_\_\_\_\_ Tax Exempt # \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

FOR THE FOLLOWING CHARGES: Please check the following items or items.

\_\_\_\_\_ Tuition  
\_\_\_\_\_ Books  
\_\_\_\_\_ Supplies

Dollar Limitations: \_\_\_\_\_

Course Limitations: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature—Responsible Official

\_\_\_\_\_  
Date

Return this form to:

Niki Olmo  
Parkland College  
Cashier's Office Rm U250  
2400 W Bradley Ave  
Champaign, IL 61821  
Ph 217-351-2215  
Fax 217-353-2632  
nolmo@parkland.edu