



SOUTHEASTERN
COMMUNITY COLLEGE

Explore...Discover...Learn...Grow...

INVOICE

May 18, 2011

NC Department Of Transportation
Karol J.
PO Box 1150
Fayetteville, NC 28306

Dear Karol J.

Attached are documentations of Special Third Party Invoicing Report and statement of the charges for the sponsored students for **Spring Semester 2011** at Southeastern Community College. Please have a voucher issued to Southeastern Community College in the amount of **\$260.00** for NC Escort Vehicle Operator. Please mail to the Business Office.

Should you have any questions concerning this invoice, you may call me at extension 329.

Sincerely,

Andrea Jacobs
Accounting Clerk III

Attachments

PAYMENT IS DUE THIRTY DAYS FROM STATEMENT DATE!!

May 18 2011

880 Southeastern Community College
Special 3rd Party Invoicing Report

Page 1

Name	SSN	AR Code	Description	Charges	Payments	Balance
Sponsor: NC Dept of Transportation						
Sponsorship: DOT11CE1						
Gary		CEDOE	Continuing Ed Occup	65.00	0.00	65.00
Total for Student:				65.00	0.00	65.00
William		CEDOE	Continuing Ed Occup	65.00	0.00	65.00
Total for student:				65.00	0.00	65.00
Charles		CEDOE	Continuing Ed Occup	65.00	0.00	65.00
Total for student:				65.00	0.00	65.00
Leon		CEDOE	Continuing Ed Occup	65.00	0.00	65.00
Total for student:				65.00	0.00	65.00
Total for Sponsorship: DOT11CE1				260.00	0.00	260.00
Total for Sponsor: NC Dept of Transportation				260.00	0.00	260.00

May 18 2011
09:03

STATEMENT OF CHARGES FOR SPONSORED STUDENTS

Statement Number: 1040
Statement Date: 05/18/11
Statement Period: 01/01/07 to 05/18/11
Sponsor: 0086044 NC Dept of Transportation

Sponsorship: DOT11CE1
Contract:
Contract Type:
Payment Due: 05/18/11

NC Dept of Transportation
PO Box 1150
Fayetteville, NC 28306

Student: Gary
AR
Code Description

CEDOE Continuing Ed Occup Extension

Totals:

		Contact:		
		Amount	Payments	Balance
		65.00	0.00	65.00
		65.00	0.00	65.00

Student: William
AR
Code Description

CEDOE Continuing Ed Occup Extension

Totals:

		Contact:		
		Amount	Payments	Balance
		65.00	0.00	65.00
		65.00	0.00	65.00

Student: Charles
AR
Code Description

CEDOE Continuing Ed Occup Extension

Totals:

		Contact:		
		Amount	Payments	Balance
		65.00	0.00	65.00
		65.00	0.00	65.00

Student: Leon
AR
Code Description

CEDOE Continuing Ed Occup Extension

Totals:

		Contact:		
		Amount	Payments	Balance
		65.00	0.00	65.00
		65.00	0.00	65.00

Grand Total for Sponsorship: DOT11CE1

AR
Code Description

CEDOE Continuing Ed Occup Extension

Totals:

		Contact:		
		Amount	Payments	Balance
		260.00	0.00	260.00
		260.00	0.00	260.00

May 18 2011
09:03

STATEMENT OF CHARGES FOR SPONSORED STUDENTS

Statement Number: 1040
Statement Date...: 05/18/11
Statement Period: 01/01/07 to 05/18/11
Sponsor.....: 0086044 NC Dept of Transportation

Sponsorship...: DOT11CE1
Contract.....:
Contract Type:
Payment Due...: 05/18/11

NC Dept of Transportation
PO Box 1150
Fayetteville, NC 28306

Statement Total: ===== ===== =====
 260.00 0.00 260.00



Continuing Education RECEIPT ROSTER

Revised 07/09

Semester/Term: <u>Spring 2011</u>	Section: <u>11871</u>	FOR OFFICE USE ONLY <div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;">MAY 16 2011</div> <div style="border: 1px solid black; padding: 5px; font-weight: bold;">Andrea Jacobs</div>
Course Title: <u>NC Escort Vehicle Operator Cert.</u>	Begin Date: <u>5/7/11</u>	
Instructor: <u>Mark</u>	End Date: <u>5/7/11</u>	
Registration Fee: <u>\$65</u>	Location: <u>T-122</u>	
Other Fees (please give description and amount):		

STUDENT SIGNATURE	Social Security Number	Registration Fee			Other Fee		
		Amt Pd Cash	Amt Pd Check	Sponsor Charged	Exempt	Insur. Fees	Other
1 <u>William Frank L</u>							
2 <u>Charles Kelly</u>							
3 <u>Gary Dale</u>							
4 <u>Leon</u>							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
RECEIVED FROM:		Totals:				<u>260⁰⁰</u>	

RECEIVED FROM: [Signature] \$ _____ By: [Signature] Inst. Rep.

Third Party Responsible: Karol J Karal NC DOT Division of Highway Occupational HRD

Address: 558 Gillespie St Fayetteville, NC 28301 Comm. Serv. NEIT/FIT Industry

Authorized By: Karal J [Signature] SBC Self-Supporting

Roster Submitted to Business Office by [Signature] on 5/19/11

White & Yellow Copies - Business Office Pink - Continuing Education Office Gold - Instructor