



# OFFICIAL THIRD-PARTY BILLING/SUBSIDY CONFIRMATION FORM

Parent/Guardian is responsible, as the employee, to submit this form to the authorized department of their place of work.

Employee Name: \_\_\_\_\_ Position \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

My child, \_\_\_\_\_, is applying to Griggs International Academy for the \_\_\_\_\_ school year, and I would like to request subsidy for them.

**NOTE: If for any reason you cannot comply with this request please inform the employee as soon as possible.**

**Employer, complete and email this third party confirmation form to the email below for billing:**

ENROLLGIA@ANDREWS.EDU

Name of Institution: \_\_\_\_\_

will cover \$ \_\_\_\_\_ or \_\_\_\_\_ % of:

- Tuition
- Tuition and Fees

**This is General Conference Subsidy**  YES  NO

Address for billing: \_\_\_\_\_

Desired method of payment: \_\_\_\_\_

Email/s (to receive invoice): \_\_\_\_\_

## PAYMENT MUST BE MADE WITHIN THIRTY DAYS OF ENROLLMENT

Authorized Department Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_