



EMPLOYER / AGENCY PAYMENT OF TUITION / EXPENSE AGREEMENT

Allegheny Campus Student Accounts 808 Ridge Avenue Pittsburgh PA 15212 412-237-4641	Boyce Campus Student Accounts 595 Beatty Road Monroeville PA 15146 724-325-6689	Continuing Education West Hills Center 1000 McKee Road Oakdale PA 15071 412-788-7500	North Campus Student Accounts 8701 Perry Highway Pittsburgh PA 15237 412-369-3670	South Campus Student Accounts 1750 Clairton Road West Mifflin PA 15122 412-469-6250
---	---	--	---	---

NOTICE: This is a legally binding contract. Consult with legal counsel before signing.

COMPANY / AGENCY INFORMATION		
COMPANY/AGENCY NAME		
BILLING ADDRESS		
CITY	STATE	ZIPCODE
CONTACT PERSON		EMAIL ADDRESS
TITLE	PHONE NUMBER	

Company / Agency agrees to pay 100% or _____ % of the following:

Check ALL that apply: Tuition Fees Books Supplies

Check ONLY ONE term: Fall Spring Summer Year _____

Check ONLY ONE type: Credit Courses Only Non-Credit Courses Only

Specific Course / Other: _____

COLLEGE REGULATIONS
1. All bills are due and payable within 30 days of invoicing.
2. All College registration and refund policies apply to this contract.
3. Any agreement between the student and the Company/Agency will have no bearing on this contract, i.e. pass/fail/reimbursement, etc.
4. In order for a Company/Agency to sponsor a student, the student must be an employee of the Company or client of the Agency. The College reserves the right to verify that the student is an employee of the Company or client of the Agency.
5. All out-of-county/state Companies/Agencies must pay out-of-county/state tuition and fees if the student is out-of-county/state.
6. All in-county Companies who sponsor an out-of-county student will be charged the in-county rates as long as the student is an employee of the Company.
7. All in-county Agencies who sponsor an out-of-county student will be charged the appropriate out-of-county rates.
8. No information pertaining to the student will be released to the Company/Agency unless the student authorizes the release in writing.
9. The College does not enter into any performance-based contracts with any Company/Agency.
10. The College will only bill for those charges not covered by other funding sources (grants, scholarships, etc.). If this policy conflicts with your policy, please attach a letter of explanation.
11. This agreement applies only as to the term checked off above. A new agreement must be executed for each term thereafter.
12. Payment must be made either by a company check or company credit card. No personal checks will be accepted as payment.

The contract must contain a list of students. Please indicate student Name and SS # on the lines below. If additional space is needed, please attach a typed list. This contract is not valid unless the appropriate employee/client box is checked.

SSN/ID #	NAME	DOB	Emp / Client	
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Company/Agency agrees to unconditionally sponsor the above student(s) in accordance with the policies of the Community College of Allegheny County regarding the registration and refund process. The Company/Agency also agrees to unconditionally make the payments as set forth above. The Company/Agency agrees that the student(s) named above are third-party beneficiaries of this contract. If CompanyAgency defaults on this contract, Company/Agency also understands that it will not be permitted future contracts with the College.

With the intent to be legally bound, witness the due execution by the Company/Agency.

Company / Agency Signature Title Date

Received by:

College Signature Title Date