

# EMPLOYER/ AGENCY PAYMENT FORM

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Course Title: \_\_\_\_\_ Start Date: \_\_\_\_\_

## Employer/ Agency Information

Employer/ Agency Name: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

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

Agree to Pay Full Amount of \$ \_\_\_\_\_

Agree to Pay Amount Not To Exceed \$ \_\_\_\_\_

By signing, we agree to pay St. Johnsbury Academy for the above costs upon receipt of an invoice.

Authorized By: \_\_\_\_\_

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

### Please complete and return to:

Marina Cole  
Adult Education Coordinator 1000 Main Street  
St. Johnsbury, VT 05819 Phone: 802.748.7738  
Fax: 802.751.2236  
[mcole@stjacademy.org](mailto:mcole@stjacademy.org)

