RCC
Rogue Community College

3rd party voucher

Budget and Financial Services, 3345 Redwood Hwy Grants Pass, OR 97527

AGENCY NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: _____ **FAX:** _____

Date: _____

Term: Summer ☐ Fall ☐ Winter ☐ Spring ☐ Academic Year: _____

Student ID	Last Name	First Name	Course	Tuition	Fees	Books	Supplies	Total

I authorize Rogue Community College to apply this voucher to the students listed above for the courses and/or amounts indicated, making me liable for the amount due. I understand it is my responsibility to hold the students accountable for purchasing the correct items. A list of items available for purchase under each voucher type can be found on the back of this voucher.

_____ _____
Authorized Signature Authorized Name (typed)

_____ _____
Title Date: