

# CORNELL UNIVERSITY –ILR School Extension and Outreach

## Contract Class Billing Form For On-site Programs

Please submit the information below to [ilrcustomerservice@cornell.edu](mailto:ilrcustomerservice@cornell.edu)

Name of Program/Service \_\_\_\_\_

Prepared by \_\_\_\_\_ Date Prepared \_\_\_\_\_

Account Number \_\_\_\_\_

### Bill the following Organization

Company/Union Name	
# & Street	
City, State, Zip	
Contact Person	
Contact Area Code and Phone	
Participant Names: Please attach roster, if available	
Projected Number of Students	

### Description of Charges

Program/Services Provided	
Program/Service Location	
Program/Service Date(s)	
Instructor Name	

### Total Amount to be Billed

Program fee(s)	
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### Special Billing Instructions/Breakdown of Fees/Billing Schedule

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### Document Attached

Purchase Order Number \_\_\_\_\_  Non-Credit Registration