Rogue Community College

3rd party voucher

SUBMIT VOUCHER BY EMAIL: FA-AGENCY@ROGUECC.EDU

AGENCY NAME: _____

ADDRESS: _____

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

PHONE: _____ **EMAIL:** _____

Date: _____

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

Student ID	Last Name	First Name	Total

I authorize Rogue Community College to apply this voucher to the students listed above for the amount indicated. I understand it is my responsibility to hold the students accountable and that my agency is liable for payment to RCC for the full amount authorized.

Authorized Signature _____ Authorized Name (typed) _____

Title _____ Date: _____