

Date:

Company Name:

Agrees to pay Clinton Community College \$00.00

for [Course Title] for [# of participants, name(s)].

Signature of person authorizing payment

Sponsoring Company's Contact Information, (Name/Address/Phone #/Email address)

Remit signed agreement:

Clinton Community College
Attn: Center for Community & Workforce Development
136 Clinton Point Drive
Plattsburgh, NY 12901

Remit payment to:

Clinton Community College
Attn: Bursar's Office
136 Clinton Point Drive
Plattsburgh, NY 12901

For any billing questions please call: 518-562-4148 or 518-562-4104