EDUCATIONAL SUBSIDY

To: **TREASURY DEPARTMENT**
CAROLINA CONFERENCE OF SDA
P.O. BOX 560339
CHARLOTTE, NC 28256-0339

From: _____
School Name

Date: _____

Billing for Month of : _____

STUDENTS NAME	AMOUNT CHARGED	CONFERENCE (35%) % DUE	DESCRIPTION (TUITION/REGISTRATION)

TOTAL AMOUNT DUE FROM THE CONFERENCE $_____

PLEASE SEND COPIES OF ANY OUTSTANDING
EMPLOYEE PAST DUE AMOUNTS