Run Date: 05/21/2020 Run Time: 08:38:59

\$296.00

\$441.75

Student Fees Report

College ID/Name: Dual Trainee B 1202 - Spring 2020 Class Nbr Description Amount Account Tuition and Fees 23807 Med Asst Lab Procedures 2 \$326.50 Med Asst Clin Procedures 2 Tuition and Fees 23808 \$489.75 Med Office Insurance & Finance \$326.50 Tuition and Fees 23809 Tuition and Fees 23814 Medical Law, Ethics & Profess \$316.00

23821

23824

Pharmacology for Allied Health

Medical Assistant Practicum

Tuition and Fees

Tuition and Fees

Total for term 1202: \$2,196.50

Grand Total for all Terms: \$2,196.50

		Invoice Date: Print Date:	02/06/2020 02/04/2020			
	Amount Enclosed:					
	MasterCard/Visa/Discover No: CVS(3-digit code on back of card): Expiration Date:					
College						
College						
	Signature:					
	Name on Credit Card:					
Grantee		-Corp ID:				
	Detach and Return with Payn	ment to Above Address				
Statement of Account for: Grantee		Invoice ID: WITC	CSF6000952176			
Account Transactions	Contract#/CrseId	Req#-Ref#/Class	Amount 			
Dual Trainee B		SPRING 2020 MEDICAL	ASSISTANT 2,196.50			

Invoice ID:

2,196.50

BILLING MESSAGES

Your company has entered into a 3rd party contract with College. The fees listed on this billing are covered under this contract.

Detach and return the top portion of this bill with payment to the address listed above.

If you have questions regarding this bill, contact the College.

The terms of this invoice are net 30.

Total Current Charges/Payments:

Invoice

College Bookstore

Invoice Number:

AG-00006083

Phone:

Date: 1/31/2020

Terms:

Due Upon Receipt

Acct #:

To: Grantee

Total Charge:

\$237.59

Date	SKU/Cls	Receipt Number	Qty	Price	Discount	Amount	Tax	Charged
	Description		-					
1/2/2020	10136898	SUP4-00008481 W & ETHICS FOR HEALTH PROFESSIONS	1	\$125.90	\$0.00	\$125.90	Y	
1/2/2020	10145890	SUP4-00008481 ADMINISTERING MEDICATIONS	1	\$79.35	\$0.00	\$79.35	Y	
1/20/2020	10153543	SUP4-00008762 / TARASCON POCKET PHARMACOPOEIA	1	\$19.95	\$0.00	\$19.95	Y	
Customer:	Dual Trainee	Discou T	Subtotal: nt Total: otal Tax: ce Total:		-	\$225.20 \$0.00 \$12.39 \$237.59		\$237.59

 Subtotal:
 \$225.20

 Discount Total:
 \$0.00

 Total Tax:
 \$12.39

 Invoice Total:
 \$237.59

Contractors and agents are required to adopt Grantee's policies and procedures for preventing fraud, waste and abuse. These policies are available on Grantee's web page at www.grantee.com or by contacting Grantee's Compliance Officer.

Please cash this check promptly. If this check is not cashed within 365 days, a monthly fee equal to 4% of this check's value will be charged. For more information contact Grantee's Accounting department.

College

VENDOR NO. CONTROL NO.

INVOICE NUMBER/DESCRIPTION	PURCHASE ORDER	INVOICE DATE	AMOUNT	DISCOUNT	NET AMOUNT
*Dual Trainee B *Dual Trainee B BOO *Dual Trainee B SPR		09/30/19 01/31/20 02/06/20	791.14 237.59 2196.50	0.00 0.00 0.00	791.14 237.59 2196.50
			3225.23	0.00	3225.23

OPERATING FUND

DATE 04/14/20

No. 001252471

PAY THREE THOUSAND TWO HUNDRED TWENTY-FIVE 23/100

TO THE ORDER OF:

College

****<mark>\$3225.23</mark> NET AMOUNT



AA

amazon.com



amazon com

Final Details for Order

Print this page for your records.

Order Placed: February 12, 2020 Amazon.com order number:

Order Total: \$91.37

Shipped on February 13, 2020

Items Ordered Price \$86.61

1 of: 3M Littmann Classic III Monitoring Stethoscope, Rainbow-Finish

Chestpiece, black stem and headset, Black Tube, 27 inch, 5870

Sold by: Amazon.com Services LLC

FSA or HSA eligible

Condition: New

Shipping Address:

Dual Trainee B

Shipping Speed:

One-Day Shipping

Payment information

Payment Method:

Item(s) Subtotal: \$86.61

Shipping & Handling: \$0.00

Billing address

Dual Trainee B

Est mated tax to be collected: \$4.76

Grand Total: \$91.37

FSA or HSA eligible FSA or HSA eligible amount (includes taxes & shipping): \$91.37

February 13 2020:591.37 Credit Card transactions

To view the status of your order, return to Order Summary.

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FY20 (2019-20)

MEDICAL ASSISTANT PROGRAM

Prices listed are approximate costs and subject to change

Application	\$30.00	
Textbooks (N	\$835.34	
State Caregiv	er Background Check x2	\$20.00
State Caregiv	er Background Check	\$29.10
National Crim	ninal Background Check	\$52.00
FIRST TERM 1	TUITION/FEES: \$3027.25	
10-501-101	Medical Terminology	\$441.75
10-801-136	English Composition 1	\$441.75
10-501-107	Digital Literacy for Healthcare	\$296.00
31-509-301	Medical Assistant Administrative Procedures	\$326.50
31-509-302	Human Body in Health & Disease	\$441.75
31-509-303	Medical Assistant Laboratory Procedures 1	\$326.50
31-509-304	Medical Assistant Clinical Procedures 1	\$653.00
SUPPLIES		\$50.00
Watch w/2nd	d hand	\$20.00
White lab coat & College MA Student Patch		\$30.00
COURSE PRE	REQUISITE	
	Health Care Providers & First Aid (Medic or Heartsaver)	\$93.53
SECOND TERI	M - TUITION/FEES: \$2,557.50	
31-509-305	Medical Assistant Laboratory Procedures 2	\$326.50
31-509-306	Medical Assistant Clinical Procedures 2	\$489.75
31-509-307	Medical Office Insurance & Finance	\$326.50
31-501-308	Pharmacology for Allied Health	\$296.00
31-509-309	Medical Law, Ethics & Professionalism	\$296.00
31-509-310	Medical Assistant Practicum	\$441.75
SUPPLIES		\$78.00
Classroom Ur	niform	\$200.00
Practicum Uniform including shoes		\$100.00
Namepin (LRC)		free
College Patch		\$3.00
Stethoscope	(Required)	varied
CMA (AAMA)	\$125.00	
APPROXIMA [*]	TE PROGRAM TOTAL	\$6,769.72

Transportation costs to and from clinical agencies will vary

Computer, other required hardware, or upgrade costs will be discussed on an individual basis.

Students are responsible for additional clinical agency requirements.

Students are responsible for health form costs (Tb test, Immunizations, titres, exam, etc.)

Contractors and agents are required to adopt Grantee's policies and procedures for preventing fraud, waste and abuse. These policies are available on Grantee's web page at www.grantee.com or by contacting Grantee's Compliance Officer.

Please cash this check promptly. If this check is not cashed within 365 days, a monthly fee equal to 4% of this check's value will be charged. For more information contact Grantee's Accounting department.

Dual Trainee B

VENDOR NO. CONTROL NO.

INVOICE NUMBER/DESCR		PURCHASE ORDER	INVOICE DATE	TNUOMA	DISCOUNT	NET AMOUNT
BB060220	PIPELINE GRAN		06/02/20	91.37	0.00	91.37
				91.37	0.00	91.37

No.

PAY NINETY-ONE 37/100

TO THE ORDER OF: Dual Trainee B

*****<mark>\$91.37</mark> NET AMOUNT