CAPILANO UNIVERSITY

EARLY CHILDHOOD CARE & EDUCATION

REQUEST AND PAYMENT FOR PRACTICUM NAME BADGE

Please print from your computer, complete Part 1 & Part 2 and **FAX** to the Capilano University **Cashiers Office Fax:** 604.984.1723 for Credit Card Payments

or

Deliver in person with other methods of payment to the Capilano University Cashiers Office.

PART 1. To Be Returned To ECCE Department from Cashiers Office:

PLEASE PRINT CLEARLY

Name:

Name to be Displayed on Badge:

Student No:

Phone Number: ( )

Email Address: @

Amount to Charge to Credit Card: $ (Cost is $7.00/badge)

GL: 4244 **Fund: 10** **CC: 54300-0**	**PAID:**

CASHIERS OFFICE: Detach form here (⇧) and forward PART 1 to ECCE Dept.

PART 2. For Cashiers Office to Retain:

CAPILANO UNIVERSITY
EARLY CHILDHOOD CARE AND EDUCATION DEPARTMENT
PRACTICUM BADGE PAYMENT

Type of Payment: ☐ **Cash** ☐ **Credit Card**

Credit Card: ☐ **Visa** ☐ **MasterCard** ☐ **American Express**

Full Name on Credit Card:

Expiry Date on Credit Card:

Credit Card Number: - - -

Amount to Charge to Credit Card: $ (Cost is $7.00/badge)

Signature of Authorization for Payment:

GL: 4244 **Fund: 10** **CC: 54300-0**	**PAID:**