

Payment Description

Dept.

Host Site # / Host Site's Name:	
Overseas Partner Name and Code:	
Participant's Name and Code:	
Other	

Inbound Programs

Current Year

Next Year

ICCP Fees	45010	\$	\$
Intern/Trainee Fees	45060	\$	\$
SWT Fees	45050	\$	\$
Insurance Fees	45030	\$	\$
Sevis Fees all	45040	\$	\$
Total Fees:			

Global Teens - Outbound

GT Participant Fee	46040	\$
Go Global	45010	\$
Total Fees:		\$

Payment Method

Name on Check:	
Check #:	
Check Amount:	\$
Total Check	\$
Name on Credit Card:	
Charge To:	
Card Number:	
Expiration date:	/ / CVC/CVV Code
Total Credit Card:	\$
Wire Transfer Ref #	Attach wire confirmation
Total Fees Paid:	\$
Prepared by:	DATE:
Received by:	DATE:
Entered into AS 400 by:	DATE:

NOTES: