

SEMESTER _____ DATE _____

SOUTHSIDE VIRGINIA COMMUNITY COLLEGE

LOCATION _____

CHRISTANNA CAMPUS BOOKSTORE

BOOK TITLE _____ PRICE _____

OFF-CAMPUS TEXTBOOK SALES PAYMENT

| | SOCIAL SECURITY # | FIRST NAME | LAST NAME | AMOUNT PAID CH/CK | AMOUNT CHARGED | STUDENT SIGNATURE |
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CHECKS ARE TO BE MADE TO SVCC BOOKSTORE FOR EXACT AMOUNT OF TEXTS ONLY.
NO THIRD PARTY CHECKS ACCEPTED.

CHARGES: ONLY IF STUDENT HAS WRITTEN AUTHORIZATION ON COMPANY LETTERHEAD
GIVING PERMISSION TO BILL FOR TEXTBOOKS. ATTACH COPIES WITH THIS FORM.

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| BOOKSTORE CERTIFICATION |
| DATE _____ |
| FROM _____ |
| CASH _____ CHECKS _____ |
| TOTAL _____ |
| SIGNATURE _____ |

AGENTS SIGNATURE _____ DATE _____ AMOUNT COL. _____ PAGE ____ OF _____