- TUITION AUTHORIZATION VOUCHER -

The Ohio State University at Lima

(This section to be completed by school district)

Name of School District	Name of Sc	Name of School		
Name of Employee	Employee's	Employee's Social Security Number		
\$				
Tuition Amount Authorized	Quarter		Year	
Restrictions imposed by school district:	Noi	ne	See Below	
School District Signature	Date	Emplo	yee Signature	
Siferd, Room 148, PS/AD Building, Ph for your classwork. To complete your payment, (check or cash only) for the ba (This section is to be completed by the	registration, you	will need a		
	Instructiona	Instructional Fee		
	General Fee	<u> </u>		
Number of Credit Hours Enrolled	_ Non-Reside	ent Fee		
College of Enrollment	_ Insurance			
Tuition Authorization Account No.: 200932-223	Total Fees I	Due		
	Less Tuition Authorization Amount			
	Balance Due			
Advisor's Signature	Date	_		