

Erwin Technical Center
 2010 East Hillsborough Ave.
 Tampa, FL 33610

Invoice #: _____
 To: _____

Date: _____
 Student: _____
 S.S.#: _____

Program: H170105-10 - Dental Assisting Technology & Management
 Class: 00 - Default

Quin *	Item	Cost	Received	Date
	ACCIDENT INSURANCE	\$12.00		
	ACTIVITY FEE	\$5.00		
	APPLICATION FEE	\$10.00		
	LIABILITY INSURANCE	\$13.00		
	TEST FEE	\$3.00		
	DRUG SCREENING FEE	\$25.63		
	FIRST AID CERTIFICATION	\$5.90		
	FINGERPRINTING FEE	\$72.25		
	HIGHLY RECOMMENDED EXAM: DANB EXAM	\$300.00		
	TEXTBOOKS:			
1	MODERN DENTAL ASSISTING 0-7216-39070	\$89.00		
1	MODERN DENTAL ASSISTING WORKBOOK 0-7216-39089	\$32.75		
	SUPPLIES:			
1	PROTECTIVE GLASSES PRO-VISION 134-7328	\$15.90		
1	HEALTH CORE PORTFOLIO ITEMS	\$5.00		
2	THE ADMINISTRATIVE DENTAL ASSISTANT 1416025669	\$59.00		
2	THE ADMINISTRATIVE DENTAL ASSISTANT WORKBOOK 1416025650	\$23.70		
2	RADIOLOGY FOR DENTAL PROFESSIONAL 9780323064019	\$64.65		
2	X-RAY FILM 323-4408	\$43.70		
5	REVIEW Q & A FOR DENTAL ASSISTING 9780323052849	\$47.75		

* Number preceding books or supplies indicates the Quinmester of enrollment they are needed.

I have received the books and bookstore items listed above and initialed by me and have read and agree to the following statement: I hereby authorize the ERWIN CENTER to bill the appropriate sponsoring agency for the cost of my books and fees as itemized above. In the event payment is withheld for any reason, I agree to pay these costs myself within 30 days from date of notification. ABOVE FEES ARE SUBJECT TO HILLSBOROUGH COUNTY SALES TAX.

 Student Signature

 Date