

# Mott Community College Sponsor Statement Request

Sponsor ID#: \_\_\_\_\_ Request Date: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sponsorship # \_\_\_\_\_

Term (semester): \_\_\_\_\_

Statement Amount: \_\_\_\_\_

Requested by: \_\_\_\_\_

\_\_\_\_\_ Send Additional Attachments  
\_\_\_\_\_ Do not send Additonal Attachments

SEND TO ACCOUNTING, CM 1026