

## PAYMENT VOUCHER 1

SCHOOL	Ross Middle School		
DESTINATION	Washington, DC/Philadelphia, PA	DATE	Nov 6-11, 2018
TOUR COST	\$919.00 without FRP Option	\$1,008.00 with FRP Option	
TOUR ID#	34931802		
STUDENT NAME			
PARENT NAME			
PHONE			

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT REMITTANCE TO:  
 NationsClassroom  
 2211 Dickens Road, Suite 204  
 Richmond, VA 23230



P: 877.270.1776 F: 804.303.9797 E: inspire@nationsclassroom.com

Please FOLD AND TEAR ALONG HERE

## PAYMENT VOUCHER 2

SCHOOL	Ross Middle School		
DESTINATION	Washington, DC/Philadelphia, PA	DATE	Nov 6-11, 2018
TOUR COST	\$919.00 without FRP Option	\$1,008.00 with FRP Option	
TOUR ID#	34931802		
STUDENT NAME			
PARENT NAME			
PHONE			

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT REMITTANCE TO:  
 NationsClassroom  
 2211 Dickens Road, Suite 204  
 Richmond, VA 23230



Please FOLD AND TEAR ALONG HERE

## PAYMENT VOUCHER 3

SCHOOL	Ross Middle School		
DESTINATION	Washington, DC/Philadelphia, PA	DATE	Nov 6-11, 2018
TOUR COST	\$919.00 without FRP Option	\$1,008.00 with FRP Option	
TOUR ID#	34931802		
STUDENT NAME			
PARENT NAME			
PHONE			

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Payment 1 Due Date:

**3/31/2018**

Payment 1 Amount:

**\$319.00**

I choose to add the Full Refund Program to my account for an additional \$89.00 for a total of \$1,008.00

Payment 1 Method:

- Check/Money Order  
 (Payable to NationsClassroom)  
 Credit Card  
 (Mastercard, Visa, Discover, AMEX)

Credit Card Number

Expiration Date Security Code

Cardholder Signature

I hereby authorize NationsClassroom to initiate, and my financial institution to honor a charge on my credit card as indicated. This authority pertains to my credit card account number and amount noted above.

Payment 2 Due Date:

**7/15/2018**

Payment 2 Amount:

**\$300.00**

Payment 2 Method:

- Check/Money Order  
 (Payable to NationsClassroom)  
 Credit Card  
 (Mastercard, Visa, Discover, AMEX)

Credit Card Number

Expiration Date Security Code

Cardholder Signature

I hereby authorize NationsClassroom to initiate, and my financial institution to honor a charge on my credit card as indicated. This authority pertains to my credit card account number and amount noted above.

Payment 3 Due Date:

**9/15/2018**

Payment 3 Amount:

**\$300.00**

Payment 3 Method:

- Check/Money Order  
 (Payable to NationsClassroom)  
 Credit Card  
 (Mastercard, Visa, Discover, AMEX)

Credit Card Number

Expiration Date Security Code

Cardholder Signature

I hereby authorize NationsClassroom to initiate, and my financial institution to honor a charge on my credit card as indicated. This authority pertains to my credit card account number and amount noted above.