

# **STUDIO ONE DANCE -BILLING INQUIRY**

ATTN: **SHERION**

DATE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

CONTACT NAME AND PHONE NUMBER (S) \_\_\_\_\_

.....  
MONTH IN QUESTION: \_\_\_\_\_

BRIEFLY EXPLAIN YOUR BILLING QUESTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PREPARED BY INITIALS: \_\_\_\_\_

**\*\*Please allow 10 days for research including return call\*\***

## **Office Use Only:**

**Research results:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Date action taken:** \_\_\_\_\_