

Employer Authorisation to Invoice 2022/23

This form is required if your employer is paying part or all of your course fees; it must be completed in full and signed by you and your employer. A Purchase Order number MUST be given before the application can be completed.

and your employer.	A Purchase (Order number MUST	be given	before the application	on can l	be completed.	

Learner Name	Date of Birth						Course title	Tick if Employer paying 100% of costs	If Employer not covering 100% enter the amount that will be covered by Employer	
First name	D	D	M	M	Υ	Υ			£	
Surname	•					'				
First name	D	D	M	M	Υ	Υ			£	
Surname	•	_	•							
Purchase Order Num Purchase order Number	ber (ple	ase a	attac	h a	col	oy o	f the PO)			
Business / Organisation details Company name							Person to receive invoice			
Address							1			
Destanda							F			
Post code							Email Fax No.			
Phone No.							T dx 140.			
recover debts due to The employer accept leaves your employm The employer accept allow release of learn	non-payr is responsion. set the responsioner data. stands the eceived.	ment. sibility ponsi	The y to p bility learn	Coll ay to to e ner n	ege he d nter	rese osts into be a	rves the right to chairrespective of whe a separate contract	arge statutory late ther the learner(s t with the learner(ourse or will not b	y costs incurred by the College payment fees and interest.) withdraw from the course and s) which includes a clause to be entered for exams until the and progress.	
By submitting this fo The employee agree		Jul V V	•;	··		9	, ₋ , , .			
The employee agree									1	
,							Date			

I, (Full name in capitals)

Declare that I have the authority to enter into a legally binding contract with Newbury College on behalf of

Business/Organisation

Job title

Authorised signature

Date

Before enrolment can be progressed, this form must be completed in full and sent to: Information Services, Newbury College, Monks Lane, Newbury, RG14 7TD Tel: 01635 845000, email: info@newbury-college.ac.uk