

To be completed where a sponsor (eg your employer,  
the job centre etc) will be paying your fee's.



## Authority to invoice fees

Please complete one per student

(Unless subject to a statement of arrangement)

To be completed by Employer / Sponsor

**Please bring the completed form to your enrolment session or send to the Lakes College Finance Department**

Please complete in block capitals and black ink

Full name of student

Course Fees

Course Title

(Please contact us if not known or see the college web site at [www.lcwc.ac.uk](http://www.lcwc.ac.uk))

Name and address of Employer/Sponsor

Official Company Stamp (or attach letter head)

Payer details

For the attention of

E Mail Address

Telephone number

Invoice to be sent to (if different from above)

1. I/we agree to be responsible for the payment of all course fees, as outlined in College literature, for the session 2020/21
2. I understand that fees are due within 30 days of invoice and undertake to make payment within this timescale.

PO/ Service entry number where applicable

Signature

Name

Date

Position held

*Should the employee leave my employment or cease to attend the course(s), I understand that I will still be liable to pay the total fees due for the complete course. The full course fee consists of tuition, exam, registration and materials fee.*

Finance Department, Lakes College West Cumbria, Hallwood Road, Lillyhall Business Park, Workington, Cumbria, CA14 4JN

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