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

Dlasca hring tha	completed form to vo	uir anrolmant caccion	or cond to the Lake	s College Finance	Danartmant
r icase brille tile	COMBIECEG TOTAL COVE	ai einomient session	i di sella to tile Lake	3 Concec i mance	Debai tillelit

Please complete in b	lock capitals and black	ink				
Full name of student						
Course Fees	Cours	e Title				
(Please contact us if not kr	nown or see the college we	o site at 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				1.	I/we agree to be responsible for the payment of all course fees, as	
Telephone number					outlined in College literature, for the session 2022/23	
	(if different from above	(a)		2.	I understand that fees are due	
invoice to be sent to	(ii dillerent from abo	, e,			within 30 days of invoice and undertake to make payment within this timescale.	
				PO/ Ser	vice entry number where applicable	
Signature			 Na	me		
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