

Authorization to Bill

Thank you for your interest in **Workforce Solutions and Continuing Education** classes. Payment is required at the time of registration; however, this form will allow us to invoice your company/organization; however, we need billing information and your authorization to do so **PRIOR** to registration. If you have a question contact our office at **(540) 868-7021**.



DIRECTIONS

Please complete the following form providing all requested information. Once you have completed this form, it requires an authorized signature from your company/organization. **Use this form for up to four students in one class.**

Once this form is received, we will invoice you when the class(es) begin. Terms are Net 30 from the Invoice/Statement Date and payable to **LFCC Workforce Solutions**. Most Invoice/Statements are typically itemized by student, class name, class dates, and amount.

FOUR OPTIONS FOR SUBMITTING AUTHORIZATION TO WSCE:

1. **SCAN** the completed and signed form, save as a **PDF**, and **EMAIL**. Email the form to our office at LFCCworkforce@lfcc.edu.
2. **FAX** the completed and signed form to WSCE at **(540) 868-7020**. Fax to Candace Anderson's attention.
3. **MAIL** the completed and signed form to WSCE at LFCC Workforce Solutions, ATTN: Operations/Registration, 173 Skimisher Lane, Middletown, VA.
4. **BRING** the completed and signed form to either the WSCE office in Middletown (**Corron 103**) or Fauquier (**Room 209**).

TODAY'S DATE: _____

Company / Organization Information Invoice/Statement to be mailed to this address

COMPANY/ORGANIZATION NAME: _____
 ATTN: Accounts Payable or: _____
 PO BOX OR STREET ADDRESS _____
 CITY, STATE, ZIP _____
 PHONE NUMBER _____
 FAX NUMBER _____
 COMPANY/ORGANIZATION FEDERAL IDENTIFICATION NUMBER (EIN or FIN) _____

Class Name: _____ **Class Start Date:** _____

Student Name(s)

We authorize Lord Fairfax Community College to invoice our company/organization for the following students to take this class:

	Employee's Full/Legal Name	Date of Birth	VCCS EmpID or LAST FOUR NUMBERS OF SOCIAL SECURITY NUMBER	Employee's Email Address	Employee's Direct Phone #
1					
2					
3					
4					

Total Tuition Cost to be Billed: \$ _____

Company/Organizational Authorization:

NAME: _____
 TITLE _____
 PHONE: _____
 EMAIL _____

Signature: Authorization to Bill must be signed.

AUTHORIZED SIGNATURE _____ DATE _____