

# WCG Authorization to Bill



Thank you for your interest in **WSCE Workforce Credential Grant (WCG)** 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 **Laurel Ridge 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 [workforce@laurelridge.edu](mailto:workforce@laurelridge.edu)
2. **FAX** the completed and signed form to WSCE at **(540) 868-7020**. Fax to Sherry Pinto's attention.
3. **MAIL** the completed and signed form to Laurel Ridge Workforce Solutions, ATTN: Operations/Registration, 173 Skirmisher 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:** \_\_\_\_\_

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

### Student Name(s)

	Employee's Full/Legal Name	Date of Birth	Social Security Number *	Employee's Email Address	Employee's Direct Phone #	Virginia Resident *
1						<input type="checkbox"/> Yes <input type="checkbox"/> No
2						<input type="checkbox"/> Yes <input type="checkbox"/> No
3						<input type="checkbox"/> Yes <input type="checkbox"/> No
4						<input type="checkbox"/> Yes <input type="checkbox"/> No

\* WCG Participants are required to provide Social Security Number and must be a Virginia Resident.

**Total 1/3 WCG Cost to be Billed:** \$ \_\_\_\_\_

### Company/Organizational Authorization:

NAME: \_\_\_\_\_  
 TITLE \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 EMAIL \_\_\_\_\_

**WCG Promissory:** The Parties agree that this agreement is pursuant to the New Economy Workforce Credential Grant Program (WCG). As part of the WCG, Employer understands and acknowledges that Employer shall pay 1/3 of the total course cost for each student enrolled in the course. Employer further understands and acknowledges that Employer shall pay an additional 1/3 of the total course cost for each student who fails to successfully complete the course by earning an "S" grade within thirty (30) days of the course end date.

**Signature:** Authorization to Bill must be signed.

AUTHORIZED SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_