

# 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 **Laurel Ridge Workforce Solutions**. Most Invoice/Statements are typically itemized by student, class name, class dates, and amount.

### THREE 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. **MAIL** the completed and signed form to WSCE at Laurel Ridge Workforce Solutions, ATTN: Operations/Registration, 173 Skirmisher Lane, Middletown, VA.
3. **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 Laurel Ridge Community College to invoice our company/organization for the following students to take this class:

	Employee's Full/Legal Name	Date of Birth	VCCS EmplID 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 \_\_\_\_\_