

Authorization to Bill



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.

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 itemized by class name, class dates, and amount.

SUBMIT AUTHORIZATION TO WSCE:

Complete and sign form, save as a **PDF**, and **EMAIL**. Email the form to our office at CorporateTraining@laurelridge.edu

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) _____

We authorize Laurel Ridge 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	Employee's Email Address	Employee's Direct Phone #
1				
2				
3				
4				
5				
6				
7				

Select classes on next page...

POWER SKILLS

Maximize your training dollars with Power Skills! You can choose how you would like to sign up for this training. You can send:



- one person to all five classes

or

- send five different people to one class
- mix and match to meet your needs

Five seats for \$850 to use how you see fit. Classes are \$199 individually.

Student:	Managing Your Emotions in the Workplace	Developing Positive Relationships at Work	Analytical Thinking Skills	Balancing Priorities	“Write” Way to Communicate
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total: \$ _____

Company/Organizational Authorization:

NAME: _____
 TITLE _____
 PHONE: _____
 EMAIL _____

Signature: Authorization to Bill must be signed.

AUTHORIZED SIGNATURE _____

DATE _____