

# Request to be Invoiced...

Thank you for your interest in taking **Workforce Solutions** classes. Payment is required at registration; however, we can invoice companies and organizations but need your permission to do so.

Workforce Solutions is part of Laurel Ridge Community College who will actually invoice your company/organization. To do so, we need an "Authorization to Bill". Below the line is a sample **Authorization Form**.

Please provide the required information (in blue) so we can invoice your company/organization. Three options:

1. Copy and paste into (or recreate) an email and email to [corporatetraining@laurelridge.edu](mailto:corporatetraining@laurelridge.edu); or
2. Copy and paste into (or recreate) a company letterhead / blank paper, sign, and **fax** to us at **(540) 868-7020**; or
3. Copy and paste into (or recreate) onto a company letterhead / blank paper, sign and **mail** to us at the address on the form (below).

Change blue copy to black. If they are taking multiple classes, please use one form per class. Add students as necessary if there are more than five.

**We would also ask that you call our office at (540) 868-7021** to advise us how and when you are submitting this form so we can be prepared to receive it. If you have any questions, please contact us at (540) 868-7021. We'll be happy to assist you

**DATE:** Month, Day, Year

Laurel Ridge Community College  
**Workforce Solutions and Continuing Education**  
ATTN: Corporate Training  
173 Skirmisher Lane  
Middletown, VA 22645

## Authorization to Bill for Laurel Ridge Workforce Solutions Classes

This letter serves as authorization for Laurel Ridge Community College to invoice our company for the following students who are taking classes:

**TOTAL TUITION COST TO BE BILLED:** \$1,795 / person; Total: \$

**CLASS:** Leadership Basecamp starts - March 30, 2023 (8 - 5 pm)

	Employee's Full/Legal Name	Date of Birth	Employee's Email Address	Employee's Direct Phone #	VCCS EmpID or Last 4 digits of SSN

Our Company/Organization **Federal Identification Number** (EIN or FIN) is: ##-#####

**Please mail** the invoice to the following address:

Your Company Name  
ATTN: Accounts Payable  
Your Street Address  
Your City, State, Zip  
Your Phone Number  
Your Fax Number

**Authorization by:**

NAME: Authorized Contact person at your company  
TITLE: Authorized Contact person's title  
PHONE: Authorized Contact person's direct phone number  
EMAIL: Authorized Contact person's email address