

Request to be Invoiced... Workplace Wellness Series

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 invoice your company/organization. To do so, we need an "Authorization to Bill".

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

Copy and paste into (or recreate) an email and email to CorporateTraining@laurelridge.edu

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: [\\$795 for 5 flexible seats \(use for one person to all 5 or mix and max as your organization needs\)](#)

or

[\\$195 per individual class](#)

CLASS: Workplace Wellness starts – February 9,2024 meets every other Friday 12:30 – 4:30 PM

Employee's Full/Legal Name	Date of Birth	Employee's Email Address	Employee's Direct Phone #	Class Choice

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