**Request to be Invoiced… Professional Administrative Certification of Excellence (PACE)**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](mailto: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**: $1,595 per person

**CLASS**: **PACE** starts – Sept 11, 2024, meets every other Wednesday 8:30 AM – 12:30 PM

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee’s Full/Legal Name** | **Date of Birth** | Employee’s Email Address | Employee’s Direct Phone # |
|  |  |  |  |
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|  |  |  |  |

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