

# Request to be Invoiced... Wednesdays with Workforce

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:** [\\$219 per class](#)

**CLASS:** **Wednesdays with Workforce** classes are offered every month from 12:00 – 4:00 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](#)