Online Courses, Registration Dept

Institute of Technology Sligo

Ash Lane

Sligo

F91 YW50

INVOICE REQUEST FORM

Dear Student,

Please complete this form and return to [ODLforms@itsligo.ie](mailto:ODLforms@itsligo.ie) a.s.a.p. We can generate the invoice once we receive this required information. We will send the invoice in Pdf format to the student and to the email address provided by you in the form below.

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| --- | --- |
|  |  |
| Student Name: |  | | |
| Student ID Number / Application Number  (Progressing Students / New Students) |  | | |
| Full Course Title: |  | | |
| Employer Name & Address: |  | | |
| Billing Address:  (if different than the above) |  | | |
| Email Address:  (INVOICE is sent in PDF format) |  | | |
| Phone Number:  (INVOICE queries) |  | | |
| Full Course Fees:  2020/2021 Academic Year  (Sept ’20 – May ’21) |  | | |
| Funding Provided:  (ie: 50%; 100% or state the amount) |  | | |
| Purchase Order Number: |  | | |
| Method of Payment: |  | | |
|  |  | | |

Declaration of Fees Payment:

This is to certify that the above named student will be responsible for the payment of course fees.

Form Completed by: (This form can be completed and emailed from an approved company email account)

Signed By:

Date Completed: