**Online Courses, Registration Dept

Institute of Technology Sligo

Ash Lane

Sligo

F91 YW50

**EMPLOYER INVOICE REQUEST FORM**

Please complete this form and return to admissions@itsligo.ie. We will generate the invoice once we receive this required information and will send the invoice in PDF format to the student and company email address provided below.

**Please Note: Companies with multiple applicants for invoicing are only required to complete one form.**

|  |  |
| --- | --- |
|  |  |
| **PLEASE COMPLETE THE BELOW IN WORD FORMAT AND SIGN**  |
| Student Name(s): |  |
| Student ID Number(s) / Application Number(s):(Progressing Students / New Students) |  |
| Full Course Title(s) and Fees:(2021/2022 Academic Year) |  |
| Funding Provided:(ie: 50%; 100% or state the amount) |  |
| Employer Name & Address: |  |
| Billing Address:(if different than the above) |  |
| Accounts Email Address:(INVOICE is sent in PDF format) |  |
| Phone Number Accounts Department:(INVOICE queries) |  |
| Purchase Order Number: |  |
| Method of Payment: |  |
|  |  |

Declaration of Fees Payment:

This is to confirm that our company agrees to pay the aforementioned fees for the above employee(s).

Signed by Company Representative:

Position: ­­

Date Completed: