**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](mailto: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.**

|  |  |
| --- | --- |
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| **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: