

AUTHORITY FOR INVOICING FEES

[To be completed by Employer or Sponsor]

Name of Student

Course Title

1. I/We agree to be responsible for payment of course and exam fees [where applicable] in respect of the above named student for the University Academic Session 2009/10
2. I/We agree that payment will be made within 30 days of receiving an invoice.
3. I/We accept that fees paid by a sponsor are non-refundable.

Name:

Signature: Date:.....

Position:

PLEASE NOTE:

In signing this form, you agree that in the event of the student leaving your employ during the University Academic Session, your company will still be responsible for the payment in full of course fees and exam fees [where applicable].

ADDRESS TO WHICH INVOICE[S] SHOULD BE SENT

Company Name

Addressee

Postal Address

Postcode

Telephone

PLEASE RETURN COMPLETED FORM TO:

University of Wales, Newport
Finance Department
Caerleon Campus
Lodge Road
Caerleon
Newport
NP18 3QT

FORM INV.02

Tel: 01633 43 2286 / 2285 / 2873 / 2251

Fax: 01633 43 2008

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