

Request to be Invoiced...

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 Lord Fairfax Community College who will actually invoice your company/organization. To do so, we need an "Authorization to Bill". Below the line is a sample **Authorization Form**.

Please provide the required information (in blue) so we can invoice your company/organization. Three options:

1. Copy and paste into (or recreate) an email and email to tthornhill@lfcc.edu; or
2. Copy and paste into (or recreate) a company letterhead / blank paper, sign, and **fax** to us at **(540) 868-7020**; or
3. Copy and paste into (or recreate) onto a company letterhead / blank paper, sign and **mail** to us at the address on the form (below).

Change blue copy to black. If they are taking multiple classes, please use one form per class. Add students as necessary if there are more than five.

We would also ask that you call our office at (540) 868-7021 to advise us how and when you are submitting this form so we can be prepared to receive it. If you have any questions, please contact us at (540) 868-7021. We'll be happy to assist you

DATE: MM/DD/YYYY

Lord Fairfax Community College
Workforce Solutions and Continuing Education
ATTN: Course Registration
173 Skirmisher Lane
Middletown, VA 22645

Authorization to Bill for LFCC Workforce Solutions Classes

This letter serves as authorization for Lord Fairfax Community College to invoice our company for the following students who are taking classes:

TOTAL TUITION COST TO BE BILLED: \$1,795 / person

CLASS: **Leadership Basecamp Fall 2021** starts - 9/14/2021

	Employee's Full/Legal Name	Date of Birth	Employee's Email Address	Employee's Direct Phone #	VCCS EmpID or Last 4 digits of SSN
1					
2					
3					

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