**Sponsor confirmation to pay fees**

|  |  |
| --- | --- |
| Name of sponsor/employer |  |
| Sponsor address |  |
| Name of student |  |
| Course code and title |  |
| Course start date |  |
| Purchase Order Number (if applicable) |  |
| Amount |  |

* **I confirm the above sponsor will be paying the course fees as detailed above.**
* **I understand an invoice will be forwarded to me at the above address once the enrolment has been processed.**
* **I agree to pay the invoice within 30 days of the invoice date or before the start of the course, whichever is sooner.**

|  |  |
| --- | --- |
|  | Name & Job role:  |
|  | Sign:  |
|  | Date:  |
|  | Accounts payable/FinanceContact name:Contact email: Contact phone: Contact address:   |

Please email this form to infoline@citylit.ac.uk