# Authority to Invoice

**(General Enrolment Fees)**

To be completed by the Employer/Agency for payment of participant/s fees per the details below.

**ALL DETAILS MUST BE COMPLETED FOR AUTHORITY TO COMPLY WITH LEGAL REQUIREMENTS**

<table>
<thead>
<tr>
<th>Multiple Students (Attach List)</th>
<th>Single Student (Complete Details Below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: _______________________</td>
<td>Date of birth: _______________________</td>
</tr>
<tr>
<td>Qualification/Course name: __________________</td>
<td>Student Number: __________________</td>
</tr>
<tr>
<td>Does the student have a current concession card: Yes / No</td>
<td>If so, concession card type: __________________</td>
</tr>
<tr>
<td>Card No. __________________</td>
<td>Expiry Date: __________________</td>
</tr>
</tbody>
</table>

**Employer/Agency Details**

- **ABN**: __________________
- **Are you registered for GST?**: Yes / No
- **Physical address**: __________________
- **Postal address**: __________________
- **Contact name**: __________________
- **Phone**: __________________
- **Fax**: __________________
- **Email**: __________________

**Charge Authority**

- **Purchase Order No:** __________________
- **Fees include**: Enrolment Fees $___________, Student ID / IT Charges $___________, Recognition of Prior Learning (RPL) $___________, Other (please state) $___________
- **Fees for duration of authority from / / to / /**
- **Fees up to and including $___________**
- **Continual basis - For Apprentices and Trainees only (SRTO must attach Delta/Toledo report)**
  - [ ] Current student/s at the time of signing Agreement ONLY
  - [ ] Current student/s and FUTURE student/s

**Cancellations**: If an apprentice/employer cancels a training contract, prior to commencement of the program, the employer may apply for a refund via an approved application form. A $100 administrative charge may apply.

**Withdraw Request**: To withdraw this request, the Employer/Agency must notify the region in writing.

By signing this Authority to Invoice, the Employer/Agency is requesting that the region provide educational services to the Employer/Agency.

I (Employer/Agency or authorised person) agree to pay the fees for this qualification/s:

Signed: ____________________ Date: / /

Name: ____________________

Position: ____________________

**Please return to**: TAFE Queensland South West or TAFE Queensland South West

PO Box 80, Toowoomba QLD 4350

PO Box 138, Booval QLD 4304

**Privacy Statement**: TAFE Queensland is collecting the information on this form to enable the region to forward you an invoice pursuant to this agreement. Only authorised officers have access to this information. Your personal information will not be disclosed to any other third party without your consent, unless authorised or required by law.