

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

<input type="checkbox"/> MULTIPLE STUDENTS (Attach List)	
<input type="checkbox"/> SINGLE STUDENT (Complete Details Below)	
Name: _____	Date of birth: _____
Qualification/Course name: _____	Student Number: _____
Does the student have a current concession card: <input type="checkbox"/> Yes <input type="checkbox"/> No If so, concession card type: _____	
Card No. _____	Expiry Date: _____
EMPLOYER/AGENCY DETAILS	
Employer/Agency name	_____
ABN _____	Are you registered for GST? <input type="checkbox"/> Yes <input type="checkbox"/> No
Physical address	_____
	Postcode _____
Postal address	_____
	Postcode _____
Contact name	_____
Phone _____	Fax _____
Email	_____
CHARGE AUTHORITY	
Purchase Order No: (if applicable)	_____
Fees include: <input type="checkbox"/> Enrolment Fees (Tuition and Materials) <input type="checkbox"/> Student ID / IT Charges \$_____ <input type="checkbox"/> Recognition of Prior Learning (RPL) <input type="checkbox"/> Other (please state) _____	
<input type="checkbox"/> Fees for duration of authority from _____ / _____ / _____ to _____ / _____ / _____	
<input type="checkbox"/> Fees up to and including \$ _____	
<input type="checkbox"/> Continual basis - For Apprentices and Trainees only (SRTO must attach Delta/Toledo report)	
<input type="checkbox"/> Current student/s at the time of signing Agreement ONLY <input type="checkbox"/> Current student/s and FUTURE student/s	
<i>*This Authority acts as an ongoing request for services and will apply to all students that are officially registered to the Employer/Agency on the Delta/Toledo System up to a 4 year period from the date of signing.</i>	
CANCELLATIONS: <i>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.</i>	
WITHDRAW REQUEST: <i>To withdraw this request, the Employer/Agency must notify the region in writing.</i>	
<i>By signing this Authority to Invoice, the Employer/Agency is requesting that the region provide educational services to the Employer/Agency.</i>	
I (Employer/Agency or authorised person) agree to pay the fees for this qualification/s:	
Signed : _____	Date: _____ / _____ / _____
Name: (please print) _____	
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