

Company Authorisation Form

Course Title		Year	
Course Start Date		Course Cost	
Cost to be invoiced (if different from above)			
First Name		Last Name	
Student Reference No		Date of Birth	
Company Name		Company Contact Name	
Company Address		Postcode	
Telephone No.			
Email Address			
Purchase Order Number			

I give permission for the City of Glasgow College to invoice the Company stated above for the amount stated above. This should be provided before the course start date.

Signature_____

Name in Block Capitals_____

Position _____ Date:_____

Please email this form to finance@cityofglasgowcollege.ac.uk Any

enquiries please contact Finance on 0141 375 5194.