

Company Payment Authorisation Form

An invoice will be issued to the Organisation once this form has been completed and signed by an authorised person and returned to the Otago Polytechnic. Please note: should the employee leave your place of employment, this authority is binding.



Please ensure the following fields are correct and complete:

Learner to complete:

Learner Name: _____

Learner ID Number: _____

Programme/Course Name: _____

Company to complete:

Registered Company Name: _____

Trading As (if applicable): _____

Order Number: _____

Postal Address: _____

Invoicing details:

Amount to be invoiced: \$ _____

Email address: _____

(Email address must be that of department/staff member responsible for paying company invoices, eg Finance).

Contact Person: _____

Contact Phone Number: _____

Declaration:

I agree to make payment of the fees specified above, which will confirm the learner's enrolment. I understand that payment must be received within 14 days of the invoice date. Failing this, recovery action may be started by Otago Polytechnic to recover unpaid fees and recovery costs will be charged to the organisation.

Printed Name of Authorised Person

Position of Authorised Person

Signature of Authorised Person

Date

Please return to:

Post:

Otago Polytechnic
Freepost
Private Bag 1910
Dunedin 9054

or

Email:

studentadmin@op.ac.nz