



Center for Continuing Education
BILLING FORM

Date: _____ **From:** _____

Attention: _____ **Fax Number:** _____

INSTRUCTIONS: Provide the following information to register your employee and arrange for billing. Duplicate this form as needed. **Return by fax to (678) 466 - 5089.**

EMPLOYEE INFORMATION

Name Work Phone Home phone

Mailing Address City/State Zip Code Email Address

Course Number Course Title Course Dates Fee

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BILLING INFORMATION (To be completed by Employer)

Purchase Order(If required) Authorized Person (print) Telephone#

Company Name Fax Number Email Address

Address City State Zip Code

We agree payment is due upon receipt of invoice. If a formal cancellation is not received within **48 hours** of class date and employee does not attend, the company will be responsible for the **full cost** of the class. The employee is fully responsible for amount of class if the company neglects to pay within **120 days** of date of invoice.

Employer/Rep Signature & Date

Employee's Signature & Date