



THE UNIVERSITY OF WINNIPEG

Authorization to Invoice the Professional, Applied and Continuing Education

Company/Funder Information:

Company/Funder Name	
Mailing Address	
City	
Postal Code	
Payable Attention to	

Student Information:

Full Name	
Mailing Address	
City	
Postal Code	
Student Number	

Registrations:

Course Name	Course Number	Tuition Fee	Start Date

Total Eligible tuition fees to invoice: \$ _____.

Authorized by: _____, _____
(Signature) (Print Name)

Position or Title: _____ Date: _____

Reference or Purchase Order Number: _____

ALL PAYMENTS FOR TUITION FEES AUTHORIZED ON THIS DOCUMENT MUST BE REMITTED SEPERATELY FROM MAIN CAMPUS TO THE PROFESSIONAL, APPLIED AND CONTINUING EDUCATION WITH STUDENT INFORMATION TO:

**Professional, Applied and Continuing Education –UW
BUHLER CENTRE
460 Portage Avenue
Winnipeg, MB R3C 0E8**