



## Authorization to Invoice

### UWinnipeg Professional, Applied and Continuing Education

#### COMPANY/FUNDER INFORMATION

Company/Funder Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Payable Attention To \_\_\_\_\_

#### STUDENT INFORMATION

Full Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_  
Student Number \_\_\_\_\_

#### REGISTRATIONS

Course Name	Course Number	Tuition Fee	Start Date

**Total Eligible Tuition Fees to Invoice \$ \_\_\_\_\_**

Authorized by \_\_\_\_\_  
Name Signature

Position or Title \_\_\_\_\_ Date \_\_\_\_\_

Reference or Purchase Order Number \_\_\_\_\_

All payments for tuition fees authorized on this document must be remitted separately from main campus to the Professional, Applied and Continuing Education with student information to:

**UWinnipeg Professional Applied and Continuing Education**

Buhler Center  
460 Portage Ave  
Winnipeg, MB, R3C 0E8

Please submit via email to [paceregistration@uwinnipeg.ca](mailto:paceregistration@uwinnipeg.ca)