UWE Bristol University of the West of England

Sponsor Form

For Payment of Tuition Fees

Please Return to:
UWE, Bristol Sponsorship Forms, Room 1A01
Frenchay Campus, Coldharbour Lane
Bristol BS16 1QY OR
sponsor.authorisation@uwe.ac.uk

For students who wish the University to invoice their employer or sponsor for payment - arrange for this form to be completed & returned

Student's Full Name _____

Student's UWE Number/ID | | | | | | | | |

Course Title _____

Agreement: All fields marked with a * are compulsory. Should this form be returned incomplete, UWE will attempt to contact you, but failure to respond may result in this form being rejected and registration may be delayed or the student invoiced directly.

1. *Full Name of Company, partnership or other organisation

_____

Hereby agrees to pay the tuition fees stated below for the above named student
for the academic year _____. Full fee **OR** specify amount or proportion being paid * £ _____

If your organisation is unable to pay invoices unless a Purchase Order has been raised, then you **must** ensure that this is done and the Purchase Order number is entered here * _____

Does your organisation have specific invoicing instructions? **(YES/NO).** If **YES**, please give details/attach relevant documents

_____

2. We agree that payment will be made in full within 30 days of receiving the University's invoice
3. We understand that we are committing to pay the above fees for the amount and period stated even if the student ceases to be our employee or withdraws from the univeristy.
4. It is confirmed that the person signing this form is authorised to commit the above named organisation to this expenditure.

*Authorised Signatory _____

*Name (in capitals) _____ Date _____

Position _____

Details of authoriser :

*Full postal address and contact details of the individual authorising the sponsorship .

_____

_____

*Contact name _____

* Telephone number _____ *Email address _____

Invoicing Details: Same as authoriser details ? **(YES/NO)**

*Full postal address of the accounts payable or purchasing and requisition department to which **invoice should be sent.**

_____

_____

*Contact name (in relation to payment of invoice) _____

* Telephone number _____ Fax number _____

*Email address _____ Send invoice by email **(YES/NO)**

Is your company a commercial (for profit) organisation? **(YES/NO)**

Is your company a small or medium-sized enterprise (SME) according to the definition below? **(YES/NO)**

(Definition: An SME employs less than 250 staff, has a turnover of not more than £25.9 million and a balance sheet total of not more than £12.9 million)

Data and Systems Team Use Only:

Is this an existing sponsor? **(YES/NO)** If yes, do details match exactly? **(YES/NO)** (if **No**, request new code)

Sponsor Code _____ Org Code _____ Initials _____ Date _____

Last updated 11:43 18 July 2018