**POLYTECH Adult Education**

**EMPLOYER INVOICE REQUEST FORM**

DATE:

TERM:

STUDENT NAME:

CLASS NAME AND START DATE:

This letter is to confirm that the above referenced student is being sponsored by:

Company name

Contact person name

Company address

Address cont.

Phone number

The Semester billing should include: (please check all that apply)

CLASS

Tuition

BOOKS

FEES

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_company agrees to pay POLYTECH Adult Education directly and within 30 days of receiving itemized invoice. Reimbursements must be made directly to POLYTECH and not to the student.

Please return this form to:

POLYTECH Adult Education

Attn.: Sarah Espil

P O Box 102

Woodside De 19980

302-697-4545 x5609

It can be faxed to: 302-697-4544

Or scanned and emailed to sarah.espil@polytech.k12.de.us

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