

Enrolment Fees Invoice Authorisation

**If you wish to pay for multiple students please refer to page 2

I authorise South Regional TAFE to raise an invoice for the Enrolment Fees and Charges incurred by:

STUDENT FAMILY NAME:	STUDENT GIVEN NAMES:					
QUALIFICATION:	TAFE STUDENT ID:					
	-	·	tudent or apprentice enrolment at South Regional TAFE. The g delivered within the period that the authorisation is valid).			
Please invoice: (ALL fields must be completed)						
ATTENTION:			PHONE:			
COMPANY NAME:						
POSTAL ADDRESS:						
			POSTCODE:			
COMPANY PHONE:						
COMPANY ABN:						
AMOUNT TO BE INVOICED: select whichever approximately select which select s		on/ training contract OR until (expiry d	ate):			
Purchase Order number:		**Please only provide a PO if	you require this on the invoices***			
Authorised by (name):		Position:				
Signature:		/	···········			
ABN: 91 808 808 097						
South Regional TAFE - insert Campus	Freecall:	1800 675 781	Web: www.srtafe.wa.edu.au			
Insert applicable campus postal address Insert campus street address	Phone: Fax:	(08) insert phone number (08) insert fax number	Email: insert applicable email address			
ocument Custodian: Director Organisational Services			Uncontrolled when printed			

South Regional TAFE PLN01 F11 Issued: 20/10/2023 PIR: 6331 Printed: 20/10/2023 Page 1 of 2

Student Family Name	Student First Name	Student ID	Qualification	PO Number (if applicable)

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