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University of the West of England,
Sponsorship Forms, Room 1A01
Frenchay Campus, Coldharbour Lane,
Bristol, BS16 1QY OR
sponsor.authorisation@uwe.ac.uk

Authority for Invoicing Fees - Internal Sponsorship

Student's who are being funded by a Service/Faculty within UWE, must ensure this form is completed by your contact to complete your registration.

Students Full Name:	_____								
Student UWE ID:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>								
Course Title:	_____								

This section is to be completed by the Service/Faculty

Faculty/Service:	_____												
Contact Name (in case of query):	_____												
Fee Amount to be paid:	£ _____												
Account Code:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>												
Cost Centre:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>												
Additional information:													
Authorised Signatory Name:	_____												
Signature:	_____												
Date:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>							D	D	M	M	Y	Y
D	D	M	M	Y	Y								

Please now send this form to the address above

For Finance (Credit Control - room 2D23, Frenchay Campus) use only:													
Invoice Number:	_____												
Transaction Number:	_____												
Date:	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td></tr></table>							D	D	M	M	Y	Y
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