## **Invoice Agreement**

Chattanooga State Community College Continuing Education and Workforce Development 4501 Amnicola Highway Chattanooga, TN 37406 Please fax completed form to: **(423) 697-3325** 

This form may be copied

Phone: (423) 697-3100

This is to authorize Chattanooga State Community College to invoice the company for the listed individual(s) for course fee(s) to attend classes through the Continuing Education department:

Course Name:				
Course Dates:			Cost	
Last Name , First MI		e of Birth	Email address	
Last Name , First MI		e of Birth	Email address	
Last Name , First MI	Date	e of Birth	Email address	
Last Name , First MI	Date	e of Birth	Email address	
Last Name , First MI	Date	e of Birth	Email address	
Last Name , First MI	Date	e of Birth	Email address	
Company Address:				
City:	State:	Zip Code:	Phone:	
Contact Person:		Contact Email:		
Date:		ture of Authorization For Invoicing:		

http://www.chattanoogastate.edu/continuinged

Continuing Education and Workforce Development office hours: Monday – Thursday (8am – 5pm) Friday (8am – 4:30pm)