

Sample Letter of Authorization for Full-time Studies



Today's date: _____

BCIT Financial Services
3700 Willingdon Avenue
Burnaby, BC V5G 3H2

Fax: 604-430-0188
mailto:BCIT_Revenue_Accounting@bcit.ca

Our company/agency would like to offer this letter of authorization for sponsorship of tuition fees for the following student:

Name	BCIT ID
Email	Date of Birth ^{DD-MMM-YYYY}

We are requesting to be invoiced for the following:

Program		Term*
Ancillary Fee	\$	Medical & Dental \$
Tuition	\$	Rent \$
Comments		
PO or CO number if applicable		

** A new letter of authorization must be submitted each term.*

Please email invoice to:

Company/Agency	Contact Name
Address	Phone
Email*	Fax

**BCIT will send the invoice to this email address.*

A hard-copy invoice can be mailed or faxed upon request.

Signing Authority:

Name	Signature
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