***Only required if not previously provided***



**AUTHORITY TO INVOICE THIRD PARTY**

**TS110901**

Email|[thirdpartyinvoicing@smtafe.wa.edu.au](mailto:thirdpartyinvoicing@smtafe.wa.edu.au)

Phone|1300 533 707

**By signing this document, the Third Party is accepting financial responsibility for all fees and charges associated with the student/s or apprentice/s enrolment at South Metropolitan TAFE (SM TAFE). The Third Party is responsible for payment of fees for the period that the student is indentured with them (and/or any training delivered within the period that the authorisation is valid).**

* Where a Third Party defaults on paying the student fees, the debt remains the responsibility of the Third Party and does not revert to the student. The Third Party will be managed as per SM TAFE Debt Management Policy.
* The Third Party assumes liability until the authorisation expiry date entered below or**written confirmation is received by SM TAFE to rescind this Authority.**
* Payment terms are strictly 30 days from the date of invoice.
* SM TAFE reserves the right to reject further Authority to Invoice Third Party requests should there be outstanding invoices or a history of late payments.

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| **COMPANY BILLING DETAILS** | | | | | | | | | | | | | | | |
| **Business Name:** | | |  | | | | | | **Business ABN:** | | | |  | | |
| **Contact Name:** | | |  | | | | | | **Debtor ID:** | | | | *(if known)* | | |
| **Email Address:** | | |  | | | | | **Phone Number:** | | | | |  | | |
| **Postal Address:** | | |  | | | | | | **Suburb:** | | | |  | | |
| **Postcode:** | | |  | | | | | | **State:** | | | |  | | |
| **AUTHORITY & PURCHASE ORDER DETAILS** | | | | | | | | | | | | | | | |
| Duration: Select whichever applies:   * Payment for ALL fees for the duration of the Course or Training Contract, **OR** Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Fees to the value of: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * RPL / Short Course inclusive | | | | | | | | | | | | | | | |
| **PAYMENT VIA PURCHASE ORDER**  If providing SM TAFE with a purchase order provide details below | | | | | | | | | | | | | | | |
| **PURCHASE ORDER NUMBER** | | | |  | | | **EXPIRY DATE** | | | | |  | | | |
| **STUDENT DETAILS**  This authority is valid for the below listed students | | | | | | | | | | | | | | | |
| **Family Name (Surname)** |  | | | **First Given Name** |  | | **Student ID** | | | |  | | | **DOB** |  |
| **Family Name (Surname)** |  | | | **First Given Name** |  | | **Student ID** | | | |  | | | **DOB** |  |
| **Family Name (Surname)** |  | | | **First Given Name** |  | | **Student ID** | | | |  | | | **DOB** |  |
| **Family Name (Surname)** |  | | | **First Given Name** |  | | **Student ID** | | | |  | | | **DOB** |  |
| **THIRD PARTY ACKNOWLEDGEMENT AND AUTHORISATION** | | | | | | | | | | | | | | | |
| In signing this authority, the Third Party acknowledges they are accepting responsibility for the payment and charges nominated above relating to the above listed student’s enrolments at SM TAFE. Any rescindment of this authority must  be provided in writing and any fee incurred or invoiced prior to rescindment remains the responsibility of the Third Party. | | | | | | | | | | | | | | | |
| **I agree to these terms and conditions and any required vendor agreements are already approved** | | | | | | | | | | | | | | | |
| **Authorised Staff** | |  | | | | **Position** | | | |  | | | | | |
| **Signature** | |  | | | | **Date** | | | |  | | | | | |
| Prior to the commencement of class this form should be completed and returned to SM TAFE by emailing  [thirdpartyinvoicing@smtafe.wa.edu.au](mailto:thirdpartyinvoicing@smtafe.wa.edu.au) | | | | | | | | | | | | | | | |

RTO Provider No. 52787 | TAFE International WA Provider No. 52395 – CRICOS Code 00020G

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| Uncontrolled when printed. The current version of this document is available on QMS |