A black text on a white background

Description automatically generated

**CONFIRMATION OF SPONSORSHIP**

Student Details

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name |  | Student Number | B |
| Course |  | Academic Year |  |

Sponsor Details

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name |  |  |  |
| Co. Reg, No. |  |  |  |
| Invoice Address |  |  |  |
| Telephone No. |  |  |  |
| Email Address |  |  |  |

Payment Information

**By authorising this sponsorship form, I agree that our Company accepts responsibility for this debt. Form will not be accepted without a Purchase Order.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Contact Name for Payment | |  |  | |  | |
| Contact Telephone No. for Payment | |  |  | |  | |
| **Purchase Order No**. | |  |  | |  | |
| Amount of Sponsorship £ | |  |  | |  | |
| Authorised Name  (Printed) |  | | | Date | |  |
| Authoriser Signature |  | | |  | |  |

**Please return the completed form by email to Companyaccounts@uws.ac.uk**

**Please note that the University’s payment terms are 30 days from date of invoice**