

**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**