



2801 West Ninth Craig, CO 81625

> 800.562.1105 www.cncc.edu

Third party payment agreement

| Company/Agency: | | | | |
|---|--|---|----------------|------------------------------------|
| Authorized Signature: | | | | |
| The above named employer authorindicated below and shall pay the costs of the conducting stated training trackay@cncc.edu or CNCC | Training Agency (ning for employee | Colorado Northwesterns in stated courses. Ple | n Community Co | ollege)the actual apleted form to |
| Authorization/ PO # | | W9/TIN# | | |
| Contact / Billing Information: | | | | |
| (Training Agency will send billing information to) | | | | |
| | | | | |
| | Approve | ed Employees | | |
| Identification Number | Last Name | First Name | MI | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | _ |
| 5 | | | | _ |
| 6 | | | | <u> </u> |
| | Appro | ved Courses | | |
| CRN Course Title | Course Number | | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

