# Collaborative Award for Teaching Excellence Scheme 2019

Payment form for non-subscribing institutions

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Institutional Contact Name |  | | | |
| Registered name and address of institution |  | | | |
| Post Code |  | | | |
| Country |  | | | |
| Telephone number |  | | | |
| Email for invoices |  | | | |
| Email for statements |  | | | |
| Accounts payable contact name |  | | | |
| Preferred payment method: | Bank transfer\* | □ | Credit card | □ |

\*Please also send a purchase order with your payment form

|  |  |
| --- | --- |
| **For Advance HE finance use only** | |
| Customer number |  |
| Entered on finance system by |  |
| Date |  |