

INSTRUCTOR TIME SHEET/INVOICE

For classes, parties and scout workshops.

****Must be submitted within 30 days of last class or date of workshop/event**



Name _____

Address _____

City _____ State _____ Zip code _____

Phone # _____ E-mail address _____

Art Class Name: _____ **Date Ended** _____

of individual classes in the session _____

Hours per class: _____ # of Students taught: _____

Add Kiln Firing

Birthday Party Theme: _____

Date of party: _____ # of children _____

Scouting Workshop Theme: _____

Date of workshop: _____ # of Scouts _____

Expenses Incurred (attach all receipts for reimbursement) \$ _____

Approved by: _____

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NHAC OFFICE USE

Instructor Fees:

Expense Reimbursement:

Pay Level _____

Total Amount Paid: _____

of Hours Paid: _____

Check #: _____

Total Amount Paid: _____

Date Paid: _____

Check #: _____ Date Paid: _____

=====

Instructor Payment Copy

Instructor Fees:

Expense Reimbursement:

Class _____

Total Amount Paid: _____

Session: _____ # of Students: _____

Check #: _____

Pay Level _____

Date Paid: _____

of Hours Paid: _____

Total Amount Paid: _____

Check #: _____ Date Paid: _____