

Instructor's Pay Sheet

Instructor _____ E-mail _____ Phone _____ Cell _____

Address _____ State _____ Zip _____

Class/Workshop Title _____ No. of Sessions _____

Term: (circle) Fall Winter Spring Summer Time _____ to _____ Dates (M/D/Y through M/D/Y) _____ through _____

Registered Students				# Sess.	\$ Pd	Date Pd
1.	Name	E-mail				
	Address	Phone	Cell			
2.	Name	E-mail				
	Address	Phone	Cell			
3.	Name	E-mail				
	Address	Phone	Cell			
4.	Name	E-mail				
	Address	Phone	Cell			
5.	Name	E-mail				
	Address	Phone	Cell			
6.	Name	E-mail				
	Address	Phone	Cell			
7.	Name	E-mail				
	Address	Phone	Cell			
8.	Name	E-mail				
	Address	Phone	Cell			
9.	Name	E-mail				
	Address	Phone	Cell			
10.	Name	E-mail				
	Address	Phone	Cell			

Date Submitted _____ Total Gross \$ _____ Amount due Instructor \$ _____ (submit to Bill Jess when complete)