INSTRUCTOR INVOICE

[Instructor Name]
[Academic Department]
[Email / Phone Number]

Invoice #: _____
Date: _____
ID Number: _____

BILL TO:

[Institution Name]
[Department/Accounts Payable]
[Street Address]
[City, State, Zip]

COURSE DETAILS:

Term: _____
Course Code: _____
Course Name: _____

Service Description	Quantity / Hours	Rate	Total
Instruction / Lecturing Services			
Curriculum Development / Prep			
Grading & Assessment			
Administrative / Office Hours			

Subtotal: $ _____

Taxes / Adjustments: $ _____
Grand Total: $ _____

PAYMENT INSTRUCTIONS:

Bank Name: _____
Account Number / IBAN: _____
Routing / SWIFT: _____

I certify that the services listed above were performed in accordance with the signed faculty agreement.

Signature: _____ Date: _____