FACULTY INVOICE

[Music School Name]

Invoice #: [000]
Date: [MM/DD/YYYY]

INSTRUCTOR INFORMATION

[Instructor Name]
[Department/Instrument]
[Email Address]
[Phone Number]

PAYMENT TO

[Payee Name/Entity]
[Mailing Address]
[City, State, Zip]

Service Date	Student Name / Activity	Units (Hrs/Qty)	Rate ($)	Amount ($)

Subtotal: $0.00
Adjustments: $0.00
Total Due: $0.00

NOTES / PAYMENT INSTRUCTIONS

[e.g. Bank Transfer Details, Lesson Cancellation Adjustments, or Reimbursement Notes]