INVOICE

Contractor Name: _____

Address: _____

Email: _____

Invoice #: _____

Date: _____

Bill To:
Institution/Client Name: _____
Department: _____
Address: _____
Contract Details:
Course Name/ID: _____
Term/Semester: _____

Description of Service (Dates/Sessions)	Hours/Units	Rate	Total
SI Session Instruction			
Lesson Planning / Prep Time			
Administrative / Meetings			
Other: _____			

Grand Total: $_____

Payment Terms: Net 30 Days

Notes: Please make checks payable to _____.

Contractor Signature: _____ Date: _____

Approval Signature: _____ Date: _____