

2020 INSTRUCTOR INVOICE

Instructor Name: _____

Instructor Address: _____

City _____ State _____ Zip _____

Instructor Phone: _____ Email: _____

Make Check Payable to: _____

Course Title: _____

Start Date: _____ End Date: _____

Studio: _____
e.g. Acorn, Ceramics, Glass, Gallery

Number of Students Attending Class: _____

Contact Hours * : _____ Instructor Pay: (Contact Hours x \$35) † \$ _____

Out of Pocket Materials Expenses: \$ _____
(receipts must be attached for reimbursement)

Studio Director Approval _____ Date _____
(Signature)

**Please return completed Instructor Invoice to the ACA Executive Director or
mail to: Adrian Center for the Arts, P.O. Box 951, Adrian, MI 49221
no later than 30 days following the completion of the class**

For Office Use*****

Number of Students Registered _____ Total Tuition Collected: \$ _____

Total Material/Studio Fees Collected: \$ _____

* actual scheduled time in the studio, offering instruction. It does not include prep-time or travel time. A course meeting for 4 weeks for 3 hours per week has 12 contact hours.

† If course enrolls fewer than four students, rate of pay is \$25 per contact hour.