

# INSTRUCTOR TIME SHEET/INVOICE

For classes, private lessons, scout workshops & summer camps.

**\*\*Must be submitted within 30 days of last class  
or date of workshop/event**



NORTH HILLS ART CENTER

Name \_\_\_\_\_  This is a new address

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone # \_\_\_\_\_ E-mail address \_\_\_\_\_

**Art Class Name:** \_\_\_\_\_

Catalog Course # \_\_\_\_\_ Date Ended \_\_\_\_\_

# of individual classes in the session \_\_\_\_\_

# hours per class/workshop: \_\_\_\_\_ # of registered students: \_\_\_\_\_

**Scouting Workshop Theme:** \_\_\_\_\_

Date of workshop: \_\_\_\_\_ # of Scouts \_\_\_\_\_

**Summer Art Camp:** \_\_\_\_\_

Camp week: \_\_\_\_\_ # of hours \_\_\_\_\_

**Approved by:** \_\_\_\_\_

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## NHAC OFFICE USE

Instructor Fees:

Pay Level \_\_\_\_\_

# of Hours Paid: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Expense Reimbursement:

Total Amount Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

Date Paid: \_\_\_\_\_

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## NHAC OFFICE USE-Instructor Copy

Instructor Fees:

Class \_\_\_\_\_

Session: \_\_\_\_\_ # of Students: \_\_\_\_\_

Pay Level \_\_\_\_\_

# of Hours Paid: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_

Check #: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Expense Reimbursement:

Total Amount Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

Date Paid: \_\_\_\_\_