

COLORADO FREE UNIVERSITY

Invoice for Contract Instruction

Teacher Name: _____

Class Information

Class Name: _____

Course Number*: _____ Begin Date: ____/____/____

*Please, be sure to include the session letter(s). End Date: ____/____/____

Payment Information

Please make checks payable to: _____

(If different than above)

Address*: _____

Phone: _____

***If you have a new/different address you MUST contact accounting directly**

***Address updates will not be accepted with invoices.**

Number of tickets submitted: _____

Minus CFU employees and/or Teacher Exchange participants

(Does not apply as "one off the top")

Minus One Off The Top

(6 or More Signed Student Tickets)

Total number of students to be paid for: _____

Rate of pay per student: \$ _____

Total Amount Due: \$ _____

As stipulated, per contract, in the CFU Teacher Agreement, a SIGNED ticket from each student attending class must be submitted to CFU within four (4) weeks of the final meeting of a class session, to receive payment. Payment is issued up to 6 weeks from date of receipt of invoice and tickets.

Please send all invoices to:

CFU – ATTN: TEACHER PAYMENTS (Anything else can cause delay in payment)

7653 E 1st Pl

Denver, CO 80230