

2023 Invoice for Contract Instruction

Course information

Instructor:				
Course title:				
Course number*:	Start date:	End date:		
*Please include sess	sion letters			
Payment informa	ation			
Make checks payabl	e to:			
	(if different from instructor name above)			
Address*:				
Phone:				
Email:				
	*If your address has changed, you MUST contact CFU not be accepted with invoices.			
Number of tickets su	ubmitted†:			
Minus CFU employee/teacher exchange participant:				
Minus "one off the top" (when total # of tickets >5):		- <u>1</u>		
Tot	al number of students to be paid for:			
	Rate of pay per student:	\$		
	TOTAL amount due:	\$		
	check if you wish to dona	te this class		

While your CFU Teacher Agreement requires you collect a signed ticket from each student, this requirement will be waived for your virtual class during the extraordinary time triggered by the COVID19 crisis. Instead, please list the names of all students who attended your class on page 2. If you are willing to donate your teaching for this class, please make a note on your invoice. Otherwise, payment will be processed by CFU as soon as it is possible. Thank you for your understanding.

or email to: Helen@compuskills.com

Please send all invoices to (note that omitting "Attn: Teacher Payments" may delay payment):

CFU—Attn: Teacher Payments

7653 E. 1st Place Denver, CO 80230

Roster of Online/Webinar Class Participants

2	
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7	
21	
22	

Instructor e-signature: