**Email Invoices to:** **admin@williamjamesassociation.org**

***Invoice***

**Mail to:**

**William James Association**

**P.O. Box 1632**

##### Santa Cruz, CA 95061 Date \_\_\_\_\_\_\_\_\_\_\_\_

**Phone: (831) 607-8952**

 **Contract #** \_\_\_\_\_\_\_\_\_\_\_\_

 Facility: Attendance submitted:

**Name**:

Address:

Phone: Email:

**Class Title**:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date | Hour/Type (e.g. Instruction, Prep, CDCR or AIC Training) | Times | Times | # of Hours | x Rate | = Total |
|  |  | - | - |  |  |  |
|  |  | - | - |  |  |  |
|  |  | - | - |  |  |  |
|  |  | - | - |  |  |  |
|  |  | - | - |  |  |  |
|  |  | - | - |  |  |  |
|  |  |  | **Total Hours** |  | **Total** |  |

Mileage:

*See your contract as to whether mileage is budgeted.*

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Miles | x Rate | = Total |
|  |  | .575 |  |
|  |  | .575 |  |
|  |  | .575 |  |
|  |  | .575 |  |
|  |  | .575 |  |
|  |  | **Total** |  |

Supplies: ATTACH ORIGINAL RECEIPTS

|  |  |  |
| --- | --- | --- |
| Date | Vendor | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | GRAND TOTAL THIS INVOICE |  |

 ***Note:******Invoices received before or on the 5th of the month (along with Attendance and proper receipts), are scheduled to be paid on the 12th  –or on the business day following the 12th if the 12th falls on a holiday or weekend.***

**Artist Signature** **Date**