

Email Invoices to: [admin@williamjamesassociation.org](mailto:admin@williamjamesassociation.org)

# Invoice

Mail to:  
**William James Association**  
P.O. Box 1632  
Santa Cruz, CA 95061  
Phone: (831) 607-8952

Date \_\_\_\_\_

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
		-	-			
		-	-			
		-	-			
		-	-			
		-	-			
		-	-			
<b>Total Hours</b>					<b>Total</b>	

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

Date	Miles	x Rate	= Total
		.575	
		.575	
		.575	
		.575	
		.575	
<b>Total</b>			

Supplies:  
ATTACH  
ORIGINAL  
RECEIPTS

Date	Vendor	Amount

**GRAND TOTAL THIS INVOICE**

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

Artist Signature \_\_\_\_\_ Date \_\_\_\_\_