

ACLD Instructor Invoice

ACLD Copy – Instructors please fill out and submit for payment.

Date: _____

Instructor Information:

Full Legal Name: _____

Phone Number: _____

Email: _____

GST # or Tax # if Applicable: _____

<u>Program Name</u>	<u>Dates of Instruction</u>	<u>Rate</u>	<u># Students</u>	<u>Total \$</u>
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Total Due: \$ _____

Preferred payment method: **Cheque (\$10 fee per cheque) or Direct Deposit**

Circle your preferred payment method above. To sign up for Direct Deposit, please request a PDF version of a voided cheque from your banking institution, and email a copy to accounting@ladysmitharts.ca

Instructor Signature: _____

ACLD Approval: _____

Instructor Copy – Arts Council of Ladysmith & District Instructor Invoice

Please detach and retain for tax purposes.

Instructor Name: _____

Invoice Date: _____

Program Name: _____

of Students: _____ Rate/Student: _____

Total Amount Invoiced to ACLD: _____

Date Paid: _____