

# Independent Contractor Instructor Invoice to John Tyler and Associates CPR Training

## Instructor Name and Contact Info:

Date : \_\_\_\_\_

Class Date	Client Business Name on booking sheet; payment method	Head Counts (for office billing)	Amount Due Instructor
	_____ <input type="checkbox"/> ck rec'd (\$_____) <input type="checkbox"/> invoice them <input type="checkbox"/> PayPal pre-paid receipt shown	____ EMSA; ____ non EMSA  # ____ CPR/FA combo # ____ CPR only # ____ First Aid only # ____ Other: _____	\$
	_____ <input type="checkbox"/> ck rec'd (\$_____) <input type="checkbox"/> invoice them <input type="checkbox"/> PayPal pre-paid receipt shown	____ EMSA; ____ non EMSA  # ____ CPR/FA combo # ____ CPR only # ____ First Aid only # ____ Other: _____	\$
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	<b>Complete and attach additional pages as needed</b>	<b>Subtotal this pg:</b>	<b>\$</b>

**Other reimbursed expenses:**

**Approved Extra Travel fee/gas bump**

<b>Date</b>	<b>Client Name</b>	<b>Amount</b>
	<b>Subtotal extra travel fee:</b>	<b>\$</b>

**Did you receive cash from any student? If so, list and deduct money received from this invoice here:**

<b>Date</b>	<b>Client Name</b>	<b>Amount</b>
	<b>Cash received by instructor:</b>	<b>- \$</b>

**Net Pay to Instructor this period \$ \_\_\_\_\_**

**Instructor Notes:**

Thank you,



John



Paul

Office Use: