

**INSTRUCTOR INVOICE 2022-23**

Instructor Name: \_\_\_\_\_

Instructor Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Instructor Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

Course Title: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Studio: \_\_\_\_\_  
e.g. Acorn, Ceramics, Glass, Gallery

Number of Students Attending Class: \_\_\_\_\_

Contact Hours \* : \_\_\_\_\_ Instructor Pay: (Contact Hours x \$35) \$ \_\_\_\_\_

Out of Pocket Materials Expenses: \$ \_\_\_\_\_  
(receipts must be attached for reimbursement)

Studio Director Approval \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)

**Please return completed Instructor Invoice to the ACA Executive Director or  
mail to: Adrian Center for the Arts, P.O. Box 951, Adrian, MI 49221  
no later than 30 days following the completion of the class**

**For Office Use\*\*\*\*\***

Number of Students Registered \_\_\_\_\_ Total Tuition Collected: \$ \_\_\_\_\_

Total Material/Studio Fees Collected: \$ \_\_\_\_\_

\_\_\_\_\_   
\* actual scheduled time in the studio, offering instruction. It does not include prep-time or travel time. A course meeting for 4 weeks for 3 hours per week has 12 contact hours.