



# Invoice for ISEA Academy Instructor Payment

Please Print

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

Lead Instructor Address & Zip Code: \_\_\_\_\_

Other Instructor Name(s) \_\_\_\_\_

Address & Zip Code: \_\_\_\_\_

Name of Class: \_\_\_\_\_

Dates of Class: \_\_\_\_\_

**Submission of costs for course/class:**

Date	Name	% of Class Taught (cost)	Number miles of miles traveled	Cost of Supplies – Food/Materials	Grading Complete through ISEA Transcript Site (Yes/No)

<p><b>Any additional charges (reason):</b></p>   
<p><b>Submitted By (signature):</b> _____ <b>Date:</b> ____/____/____</p> <p>I certify that the charges submitted on this invoice are accurate and abide by the ISEA Academy procedures, Please do not duplicate charges on this form if completing an ISEA Voucher.</p>

***\*To be reimbursed, all requests must have an itemized receipt (MapQuest will be used for confirmation of mileage & mileage payment will be according to ISEA Board policy)***

*Please submit this statement for payment to Rhonda Plimmer, [rplimmer@isea.org](mailto:rplimmer@isea.org) or mail to: ISEA, Attn: Rhonda Plimmer, 777 Third Street, Des Moines, IA 50309*