



## Instructor Invoice

**SUBMIT INVOICE TO:**  
 Edina Community Education  
 5701 Normandale Road | #100  
 Edina, MN 55424

Youth Enrichment | Lori Murphy | [lori.murphy@edinaschools.org](mailto:lori.murphy@edinaschools.org)  
 Adult Enrichment | Cheryl Gunness | [cheryl.gunness@edinaschools.org](mailto:cheryl.gunness@edinaschools.org)

### INSTRUCTOR INFORMATION

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

Check Payable To (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please select:  District Employee  Independent Contractor

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

NAME OF CLASS	COURSE #	DATE(S) AND TIMES OF CLASS	# OF PARTICIPANTS, SESSIONS OR HOURS	AMOUNT DUE
Additional Costs:				
				<b>Total Amount Due:</b>

Notes:

### OFFICE USE ONLY

Budget Code: \_\_\_\_\_ Date Received: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vendor #: \_\_\_\_\_ Payment Approval: \_\_\_\_\_