





Invoice for Payment (AFTER completion)

	Northern Westchester Putnam Teacher Center
Bill to:	2051 Baldwin Road, Suite 109
	Yorktown Heights, NY 10598

Phone:	914-214-9081	Fax:	914-245-5566 (Attn: Kevin Liebertz)
E-mail:	<u>nwptc1@gmail.com</u>		

Services Provided By:

Name	(Instructor/Facilitator/Consultant)
Name of Course/Activity	

Total Hours: Hours Rate @	\$	(rate) = \$
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Signature of Consultant: _____

This form needs to be signed by the consultant **AFTER** completion of activity.

Return to Policy Board Representative:

- ★ Rates: \$100/hr. for Instructor, \$50/hr. for Facilitator i.e. Study Groups/Leader of Collaborative Workshop.
- \bigstar Consultant rates vary.
- ★ If minimum enrollment (10 unless Professional Development/Superintendent's Day) is not met, the instructor has the option of a reduced payment rate or cancel the workshop.
- ★ The Teacher Center reserves the right to cancel this contract if the minimum number of participants is not reached one week prior to the beginning of the workshop.
- ★ The Teacher Center does not pay for meals or refreshments for this course/workshop.
- \star It is not the policy of the Teacher Center to copy materials or to reimburse you for copies