Contractual Hours

NAME OF INSTRUCTOR_____

CELL PHONE_____

EMAIL_____

DATE	NAME OF CLIENT/GROUP	TIME	COST PER HOUR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL TO SCHOOL (The total is 20% of the total income taken in)_____

DATE	NAME OF CLIENT/GROUP	TIME	COST PER HOUR

TOTAL TO SCHOOL (The total is 20% of the total income taken in)_____