



YOGA TEACHERS INVOICE

NAME: _____

ADDRESS: _____

#	SCHOOL	DAY & DATE Worked	# CLASSES	\$AMT / class	\$TOTAL
i.e.	Musuem School	THU 10/05/06	3	\$ 40	\$ 120
1				\$	-
2				\$	-
3				\$	-
4				\$	-
5				\$	-
6				\$	-
7				\$	-
8				\$	-
9				\$	-
10				\$	-
11				\$	-
12				\$	-
13				\$	-
14				\$	-
15				\$	-
16				\$	-
17				\$	-
18				\$	-
19				\$	-
20				\$	-
21				\$	-
22				\$	-
23				\$	-
24				\$	-
25				\$	-

TOTAL 0 \$ -

Email to PAYROLL@BENTONLEARNING.ORG