

Carolinas Institute for Community Policing Instructor Billing Report

Check box if providing new information or change of information

Instructor Information <u>Please fill in all requested information.</u>	
Name _____	SS# _____
Home Address _____	
City, State, Zip _____	
Phone Number _____	

If you are a New Instructor or your information has changed, please provide the following:	
Home Phone _____	Work Phone _____
Fax _____	Pager _____
Email address _____	

Class Information
Class or Event _____
Location _____
Dates of Course ____/____/____ to ____/____/____
<i>** This form must be returned to CICIP within 2 weeks (10 working days) of the training date. **</i>

Billable Hours/Days

Date <i>(Enter Date)</i>	Mon	Tues	Wed	Thur	Fri	Sat	Sun	TOTAL
	/	/	/	/	/	/	/	
Instruction Daily Fee								
Other Hours								
								\$

**Describe Billable Hours if other than course instruction

With this signature, I certify that I provided _____ hours of training for each day billed.

Signature _____ Date ____/____/____