

## **Moore's Sewing Centers Request for Class Payment**

### **Instructor Information**

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_

**Store:** \_\_\_\_\_

**Class:** \_\_\_\_\_

**Date(s) of Class:** \_\_\_\_\_

**Class Fee \$:** \_\_\_\_\_

**Total Students:** \_\_\_\_\_

**Invoice Amount \$:** \_\_\_\_\_  
0  
(80% of the class fees paid)

**Authorized By:** \_\_\_\_\_  
(Store Manager)

~ Student Sign-in sheet **must** be attached to receive payment

~ Class payment form is to be faxed to the Corporate Office at 949-829-0005 when all sessions of the class have been complete.

~ Payment will be paid bi-weekly with regularly scheduled payroll.

~ Payment requests must be faxed to Corporate by 8am the Tuesday before Friday payroll.

Date faxed: \_\_\_\_\_

Rev 2/10

Payment schedule and form effective March 1st, 2010

# Student sign in sheet

Please print clearly

**Class:** \_\_\_\_\_ *0* **Store:** \_\_\_\_\_ *0*

**Dates:** \_\_\_\_\_ *0* **Time:** \_\_\_\_\_

**1** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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**2** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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**3** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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**4** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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**5** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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**6** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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**7** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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**8** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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**9** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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**10** Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_