

GUIDING TEACHER INVOICE

UCLA Teacher Education Program

NAME, please write in **FULL NAME** if not printed here

MAILING ADDRESS, including City, State and Zip Code

PHONE NUMBERS

EMAIL ADDRESS

DISTRICT

SCHOOL

GRADE / SUBJECT

STUDENT TEACHER(S)

First Assignment Dates

Second Assignment Dates

TOTAL AMOUNT OWED for SERVICES

Please check this box if you have ever filled out a W-9 form for UCLA

GUIDING TEACHER SIGNATURE

DATE

FACULTY ADVISOR SIGNATURE

DATE

APPROVAL SIGNATURE

DATE