FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE

**Professional Services Agreement**

**“Billing Form”**

Instructional Services

Special Rental

NAME OF COMPANY

ADDRESS OF COMPANY

OWNER OF COMPANY

|  |  |  |
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|       |       |       |
|       |       |       |

RENT

# OF

HOURS

SALARY HOUR

INSTRUCTOR

COURSE TAUGHT

BEGINNING DATE

ENDING

DATE

AMOUNT DUE

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|       |       |       |       |       |       |       |       |
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| TOTALS:      | $      |

I CERTIFY THAT THIS CLASS HAS BEEN TAUGHT AND COMPLETED AS SCHEDULED. PLEASE MAKE CHECK PAYABLE TO:

 DATE OF BILLING OWNER’S SIGNATURE

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. (SEE ROSTER ATTACHED)

 DATE SIGNATURE OF DIRECTOR/COORDINATOR

 ACE 486-PSABF(20)