

# **Vendor Course Instructor Invoice**

**Invoices must be submitted monthly**

To: *Gold Rush Charter School*

Services Rendered: \_\_\_\_\_  
 For Date (s) \_\_\_\_\_ to \_\_\_\_\_ 2017/2018

Not to exceed \$25.00 per month, per student

Dates:	Subject	Student Name	GRCS Teacher	Total Hours	Total Fee
			<b>Total Due:</b>	<b>\$</b>	

Make check payable to:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

**\*\* For payment, Please fax Invoice to Brittney Schertz \*\***  
 The fax # to Accounts Payable Dept. is: 209-588-8482  
 Email is: bschertz@goldrushcs.org

or mail to: Gold Rush Charter School  
 Attn: Brittney Schertz  
 16331 Hidden Valley Road  
 Sonora, CA 95370

Thank You