

## ICSW FACULTY PAYMENT INVOICE

Please use this form in order to receive payment for all work done at ICSW. Submit to the VP of Finance & Operations by the following dates:

Fall Courses	January 30, 2018
Spring Courses	May 31, 2018
Practicums Billing Dates	September 30, 2017
	January 30, 2018
	May 31, 2018

<b>Date of Submittal</b>	
<b>Name of Faculty Member</b>	
<b>Address</b>	
<b>Phone Number</b>	
<b>Social Security Number</b>	

### Courses Taught:

Course Name	Course Code	Semester	Invoice Amount

### Clinical Practicum:

Student	Name of Practicum	Invoice Amount

### Other Billings (Independent Studies, Admissions, Case Presentations, etc.):

Student	Reason for Billing	Invoice Amount

### Invoice Total:

<b>Total Amount Due</b>	
<b>Signature</b>	

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*Administration Use Only:*

*Rev. 9/7/17*

CV Submitted	Y	N	Malpractice Ins. Submitted	Y	N
Grades Submitted	Y	N	Syllabus Submitted	Y	N