



3548 Seagate Way Suite #140 Oceanside, Ca. 92056
 760.295.1117 Fax: 760.509.4691

Instructional

Vendor Form Payment for Classes

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Parent Name : _____ Student Name _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Provider / Vendor Information

Studio / Instructors Name : _____ Type of Class _____

Address _____ City _____ Zip _____

Phone _____ Email _____

Class	Date and Month	Amount
		\$
		\$
		\$
		\$
	Total Amount	\$

After services are rendered, PARENTS are responsible to submit this form to vendor and sign below. Please attach and submit the **Vendor's Invoice** and the **Vendor Form** on a monthly basis. The final invoice must be submitted before or on the **last business day in May**.

Parent Signature:

Date:

Office Use

Date Received

Date Reviewed

Amount Approved

Directors Approval