

PRESENTER'S REQUEST FOR PAYMENT

This form is your invoice for payment. Please complete this form and submit to the Mayerson Academy at the conclusion of the course.

Payment will be made to the **Presenter** after all Presenter and/or Class documentation is completed and turned in to the Mayerson Academy. This includes the accepted Consultant Services Agreement, completed W-9 form, class evaluation forms, class attendance cards, and any applicable receipts related to this invoice. We are unable to process payment on the day of your presentation; however, most checks are processed within 30 days. Payment for approved expenses will be made to the **Presenter** at the address given below.

SSN or
TIN:

Payee Name: _____
Mailing Address: _____

Phone Number: _____ Fax Number: _____
Course/Seminar
Title: _____
Course No.: _____
Date(s) Held: _____

Consultant Fee: _____ Days at _____ Per day =
(complete as applicable) _____ Hours at _____ Per hour = \$

Other Expenses, if applicable: *(Please itemize below and attach original receipts)*

Description: _____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____

Total Expenses:	\$	
Total Payment:	\$	

I confirm that I have fulfilled the terms of my agreement with Mayerson Academy as required above and hereby request payment.

Signature

Date