

**CENTRAL ALABAMA COMMUNITY COLLEGE  
REQUEST FOR PAYMENT  
COMMUNITY SERVICES CLASSES**

DATE \_\_\_\_\_

NAME OF CLASS: \_\_\_\_\_

CAMPUS LOCATION:    \_\_\_\_\_ Alexander City    \_\_\_\_\_ Childersburg    \_\_\_\_\_ Talladega

BEGINNING DATE OF CLASS:    \_\_\_\_\_

ENDING DATE OF CLASS:    \_\_\_\_\_

TUITION PER PERSON FOR CLASS:    \$ \_\_\_\_\_

TOTAL NUMBER OF PERSONS REGISTERED FOR CLASS:    \_\_\_\_\_

TOTAL AMOUNT OF MONIES COLLECTED FOR THE CLASS \$ \_\_\_\_\_

    Amount of Tuition to the College (\$10 per person)    \$ \_\_\_\_\_

    Amount to the Instructor (\$ \_\_\_\_\_ per person)    \$ \_\_\_\_\_

TOTAL AMOUNT DUE TO INSTRUCTOR    \$ \_\_\_\_\_

    Payment Date \_\_\_\_\_

INSTRUCTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

INSTRUCTOR TELEPHONE: Home \_\_\_\_\_ Cell \_\_\_\_\_

**APPROVAL FOR PAYMENT:**

\_\_\_\_\_  
Community Services Coordinator    DATE \_\_\_\_\_

\_\_\_\_\_  
Provost/Dean of Instruction    DATE \_\_\_\_\_

\_\_\_\_\_  
Business Office    DATE \_\_\_\_\_

\_\_\_\_\_  
President    DATE \_\_\_\_\_