



IMPACT INSTRUCTOR PAY SHEET

Florida Region of USA Volleyball, Inc.

Instructions: Complete a separate pay sheet for each clinic. Pay sheets will be processed on the 2nd and 4th Friday of each month. All information below must be completed!

INSTRUCTOR NAME: _____

Mailing Address: _____

City: _____ ST: _____ Zip: _____

SSN: _____ TEL: _____ E-Mail: _____

EVENT DATE: _____ **# OF ATTENDEES:** _____

EVENT LOCATION: _____

CLINIC CHECKLIST: (All items below must be completed before payment will be issued!)

- | | |
|--|---|
| <input type="checkbox"/> Official IMPACT Clinic Presentation Used | <input type="checkbox"/> Certificates Issued to All Attendees |
| <input type="checkbox"/> IMPACT Manuals Distributed to Each Attendee | <input type="checkbox"/> Approved Instructor Attire Worn |
| <input type="checkbox"/> Attendance Roster Enclosed/Attached | <input type="checkbox"/> Clinic Evaluations Enclosed/Attached |

PAYMENT INFORMATION:

- | | |
|--|-----------|
| <input type="checkbox"/> IMPACT Instructor Fee (Minimum 4hr Course) | \$ 225.00 |
| <input type="checkbox"/> Lodging Reimbursement (Must be 2hrs away and must be preapproved) | \$ _____ |
| <input type="checkbox"/> Mileage (\$0.50 per mile) | \$ _____ |
| <input type="checkbox"/> Food/Drink (Max \$5 per attendee, receipt(s) must be attached) | \$ _____ |
| <input type="checkbox"/> Printing/Copies (Receipts must be attached) | \$ _____ |
| <input type="checkbox"/> Other (Describe: _____) | \$ _____ |

TOTAL DUE: \$ _____

By signing below I agree that all of the information above is accurate and true to best of my knowledge.

IMPACT Instructor's Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Amount Paid: _____ Ck #: _____ Date Paid: _____ Initials: _____