City of Santa Clarita
Parks, Recreation, and Community Services Department

Contract Instructor Payment Request

☐ Check here if change of address

Name:_____

Address: _____

City: _____ Zip Code: _____ Phone:_____

Class Name	Day & Time	Number Enrolled	Fee	Total	Start & End Date
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
Total from Page 1				$ 0.00	
Total from Page 2				$ 0.00	
Grand Total				$ 0.00	

Payment Request for: ◯ **First Half** ◯ **Second Half** ◉ **Full Session**
Choose One

☑ **60%** ☐ **70%**
Choose One

Total Amount Due: $ 0.00

Amount Requested: $ 0.00

Return completed form
via e-mail to
ContractClasses@santa-clarita.com

STOP

Please ensure correct % is selected!

Comments: _____

Contract Instructor Signature: _____ Date _____
Electronic Signature OK

(DO NOT WRITE BELOW THIS LINE)

OFFICIAL USE ONLY **Vendor #:**_____

Total Amount Due: _____ **PO #:** _____

Payment Description: **Class:** _____

Season: _____

Account Code: 15106-5161.002
Contract Classes

Request **1st** **2nd** **Full**

Signatures: Supervisor: _____ Date: _____

Administrator: _____ Date: _____

Superintendent: _____ Date: _____

Director: _____ Date: _____

Class Name	Day & Time	Number Enrolled	Fee	Total	Start & End Date
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
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				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
Total from Page 2				$ 0.00	

Please make sure your participation numbers are correct.
Call Contract Classes at (661) 250-3715 for more information

Return completed form
via e-mail to
ContractClasses@santa-clarita.com