NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL or VENUE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSTRUMENT(S)/ENSEMBLES\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE FROM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_20\_\_

***DETAILS OF SERVICES PROVIDED* NUMBER OF STUDENTS - HAVE YOU COMPLETED YOUR ON-LINE REGISTERS?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **SERVICES PROVIDED** | **G 30** 3 Students share 30 mins or 10 mins each | **S 30**2 students share 30 mins or 15 mins each | **I.20**Individual20 mins | **I.30**Individual30 mins | **I.45**Individual45 mins | **I.60**Individual60 mins | **NOTES** |
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| **Total hours** |  |  |  |  |  |  |  |  |

**PLEASE TOTAL EACH COLUMN AND THEN PUT GRAND TOTAL IN BOX BELOW**

**I confirm the information provided on this sheet to be a true and accurate record. TOTAL HOURS CLAIMED**

**YOU MUST SIGN AND DATE**

**FOR OFFICE USE**

Invoice No: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_ Checked\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tutors signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**