Kingston Handloom Weavers & Spinners

KHWS Workshop Instructor Payment Form

WORKSHOP TITLE:	
DATE(s) delivered	
Hours	
Instructor Name	☐ I will pick up the cheque in the studio ☐ Please mail the cheque to this address:
Total hours _____ X $ 40.00	
Mileage _____ km X .30	
Total:	
Approval SIgnature	
Date submitted	
Treasurer process	
Cheque # - date	
cheque ready for pick up/mailing	

Form created 22-02-2024