

COLUMBIA COLLEGE FACILITATOR COURSE STATEMENT

NOTE: <i>Must; Shall; Will:</i> <i>Should:</i> <i>May or Could; Can:</i>	Clarification of Terms These words or phrases indicate actions or activities that are <i>essential or mandatory</i> . This word implies that it is highly desirable to perform certain actions or activities, but not essential or mandatory. These words imply freedom or liberty to follow an alternative to the action or activity being presented in a document.
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INTRODUCTION

This form is designed for professional program faculty to use when submitting for payment after each course they facilitate.

Faculty who work via a private corporation will need to submit an official invoice from their corporation in addition to this form.

Payment will be processed within 30 days after the Program Manager signs his/her approval.

PRIOR TO SUBMISSION

The following two items must be completed before payment will be made. Please indicate if the following has been completed and submitted to the Program Manager/Designate by putting a checkmark in the applicable box(es):

- Student Final Marks "Facilitator Plan of Action" form along with the review of Facilitator Survey Evaluations

To: Columbia College

From: Facilitator Name (print) _____ Independent Contractor Company Name (if applicable) _____

Columbia College Program: _____ Certificate (Choose one)
 Diploma

Course: _____
(Course #) (Course Name)

Dates of Course Delivery: _____
(Dates: e.g. April 14 – May 15, 05)

Please submit payment for the above course:

_____ hours of instruction @\$_____ per hour (as approved by Accounting Dept. per salary grid)
 # of

Equals \$ _____
 Add 6% vacation pay \$ _____
 5% GST (if private corporation) \$ _____ (GST registration#)
(if private corporation)

Total Payment: \$ _____

 Facilitator's Signature

 (Date)

 Program Manager Approval

 (Date)