**Invoice for Science Take-Out Workshop Teacher-Presenters**

Workshop Date:

Workshop Location:

Title(s) of kit(s) used during workshop:

Services Provided by:

Name:

Address:

Email:

Phone:

Services Provided:

* Presented a Science Take-Out workshop for science teachers
* Returned Workshop Participant Feedback Cards
* Completed and returned Workshop Presenter Survey

Workshop Presentation Stipend: **$100**

*Return this invoice and a* ***W-9*** *form to:*

Science Take-Out

P.O. Box 386

Honeoye Falls, NY 14472