

MHEF Instructor Invoice

Instructor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____



Bill to: Maryland Hospitality Education Foundation
 6301 Hillside Court
 Columbia, MD 21046

Date	Type of Class (BEST, ServSafe, Super Service, etc...)	# of students	Location	Amount Due
			Total	

Instructor explanations or comments:

 Instructor Signature

 Date