

**INVOICE** **SMALL GROUP TEACHING**

**Year 3 Obstetrics & Gynecology Student Interns**

**PAYABLE TO**: Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(First Name, Last Name)

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residence

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

e-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Personal information (required):*

|  |  |
| --- | --- |
| Date of Birth | S.I.N.# |

**Hours of Instruction**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **TOPIC** | **Small Group** | **Lecture** | **Hours** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Submitted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

(*Physician signature)*

*ONCE COMPLETED, PLEASE FORWARD TO:*

**Shannon Charney (APO)**

**Dept of Obstetrics & Gynecology**

**5S146 Lois Hole Hospital**

**FAX: 780.735.4981**

**E-mail: Shannon.charney@ualberta.ca**

□hours @ $\_\_\_\_ per hour INVOICE TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNIVERSITY OF ALBERTA Speed Code:

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**Shannon Charney APO**

Department of Obstetrics & Gynecology Phone: 735-4899