

**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** |
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|  |  |  |  |  |

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