

2008-2009 MMTA Exam Monitor/Helper's Invoice (Non-Members)

(Please return completed/signed invoice to Site Administrator.)

Minnesota
Music
Teachers
Association



Site: _____	District: _____	Date: _____
Name: _____	Phone: _____	
Address: _____	Email: _____	

Hall Monitor, Writing Room Monitor

# of Exam Days (1-4 hrs = 1/2 day)	Payment (For Office Use)
	\$ _____

Aural Room Monitor, Desk Helper

# of Exam Days (1-4 hrs = 1/2 day)	Payment (For Office Use)
	\$ _____

Invoice Total: \$ _____

Monitor's/Helper's Signature *(Required for payment):* _____