



San Diego Mesa College
Business Services
7250 Mesa College Drive
San Diego, Ca 92111-4998
Phone: (619)388-2771
Fax: (619) 388-2833

GUEST LECTURER INVOICE

Presenter: _____

Colleague ID: _____

Federal ID # (if applicable): _____

Mailing Address: _____

City: _____

State/Zip: _____

SERVICE PROVIDED

Date of Presentation: _____

Length of Presentation: _____

Amount Due: _____

Provider Signature: _____

Is Guest Lecturer a district employee: Yes No

*This includes District Office, Mesa, City, Miramar, ECC and Continuing Ed.
If YES, an hourly time card must be completed and attached to this form for payment.*

BUDGET INFORMATION AND APPROVAL

Account to be charged: _____

Budget Number: _____

Person Authorizing Services: _____