



## RETA INSTRUCTOR INVOICE

NAME: \_\_\_\_\_ Instructor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Apprentice: \_\_\_\_\_  
 City, State & Zip: \_\_\_\_\_ Tech. Assist: \_\_\_\_\_

TO: Lori Ditmore Team Number: \_\_\_\_\_  
 NMSU/RETA  
 PO Box 30001/MSC CUR Instructor: \$375.00 & Benefits  
 Las Cruces, NM 88003 Apprentice: \$275.00 & Benefits  
[lditmore@nmsu.edu](mailto:lditmore@nmsu.edu) Tech. Assist. \$50.00  
 (505) 646-8227

DATE	WORKSHOP #	WORKSHOP TITLE & Location	Amount
		<b>Total</b>	

If applicable, submit your mileage and per diem expenses on the Travel Reimbursement Form.

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*SIGNATURE*
*SS NUMBER*
*Date*

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*RETA Program Director Signature*
*Date*