SHELFIELD SPORTS PARTNERSHIP

PRIMARY LINK TEACHER (PLT)

INVOICE

Name of School……

Term Autumn / Spring / Summer

Date	Half or full day	Detail of activities, training etc
TOTAL		(for office use) @ £ PER DAY = £

Signature of PLT……..Date……

Signature of SSCo……..……Date……

Signature of PDM……..……..Date……