

CTC & CSET INVOICE

TO: DR. CAROL FRY BOHLIN
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DATE: _____

FROM: _____
(NAME) (Please Print)

(STREET)

(CITY) (STATE) (ZIP)

(FRESNO STATE STUDENT I.D. NUMBER)

Date(s) of Last CSET Exam(s) Taken: _____

Description of Service Provided

REIMBURSEMENT FOR CALIFORNIA COMMISSION ON TEACHER
CREDENTIALING APPLIED and/or CSET EXAM TAKEN ON:

AMOUNT

TOTAL	

CERTIFICATION:

I CERTIFY THAT THIS IS A TRUE AND JUST INVOICE FOR WHICH PAYMENT HAS NOT BEEN RECEIVED

_____ **(PAYEE'S SIGNATURE)**