

**CTC & CSET INVOICE**

TO: MAY LEE  
MATHEMATICS AND SCIENCE TEACHER INITIATIVE (MSTI)  
CALIFORNIA STATE UNIVERSITY, FRESNO  
5005 NORTH MAPLE AVENUE M/S ED 2  
FRESNO, CA 93740-8025

DATE: \_\_\_\_\_

FROM: \_\_\_\_\_  
(NAME) (Please Print)

\_\_\_\_\_

(STREET)

\_\_\_\_\_

(CITY) (STATE) (ZIP)

\_\_\_\_\_

(STUDENT I.D. NUMBER, if available)

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)**