



EXCELSIOR COMMUNITY COLLEGE
 137 MOUNTAIN VIEW AVENUE
 KINGSTON 3

COMMISSION CLAIM FORM

Name: _____ **Period:** _____

Programme: OAD Beauty & Wellness [] Cosmetology [] **Year/Semester:** _____

Mode of Study: Full Time: [] Part Time []

Date	Service Time	Service Cost	Commission Rate	Remarks
Total Hours Claimed			Hours Approved	

Signature of Claimant: _____ Date: _____

Certified by Salon Manager _____ Date: _____

Verified by Dir. of Operations: _____ Date: _____

Authorized by V.P/Principal: _____ Date: _____

<i>Accounts Department Use</i>			
Rate: _____	Total: _____	Checked by: _____	Date: _____

Rate