

Apprenticeship for Child Development Specialist

Mentor Invoice

Invoice #:		PO#:			Date Mailed:		
County:				Semester:			
First Name:		N	ΛΙ :	Last Name:			
Street Address:			City:		State:		Zip:
Social Security #:		Phone:			E-mail:		
Mentoring Services For (name of mentee):				nvoice Term: July 1 – December 31 (Due: January 15) January 1 – June 30 (Due: July 15)			
DATE	HOURS VISITED (Example: 6:00 pm – 8:0						TOTAL
				Т	otal Hours of	Visits	
For Office Use Only				Total Number	r of Visits X \$	10.00	
Program/Grant:				(\$200.00 per	Mentor Pay apprentice/six m		
Project:			-		Total Pay	yment	
Category: GL Account: Approval: Date:			- - - -		r for your r npleted invoid ACDS venue Suite attach, WV 257	ce to: 208 01	
PLEASE RETURN CHECK TO ACDS				E-mail: <u>wvacds@rvcds.org</u> Fax: 304-697-6613			