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| Apprenticeship for Child Development Specialist**Mentor Invoice** |
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| --- | --- | --- |
| Invoice #: | PO#: Date Mailed: |
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 |
| County: | Semester: |
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 |
| First Name: | MI: | Last Name: |
 |
| Street Address: | City: | State: |
 | Zip: |
| Social Security #: \_ \_ \_ -\_ \_ - \_ \_ \_ \_ | Phone: | E-mail: |
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 |
| Mentoring Services For (name of mentee): | Invoice Term:July 1 – December 31*(Due: January 15)* | January 1 – June 30 *(Due: July 15)* |

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| --- | --- | --- |
| **DATE** | **HOURS VISITED***(Example: 6:00 pm – 8:00 pm)* | **TOTAL** |
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|
 | Total Hours of Visits |
 |
|
 | Mentor Payment |
 |
|
 | ($200.00 per apprentice/six months) |
 |
| For Office Use Only | *Total Payment* |
 |
| Program/Grant: | Keep a copy for your records. |
| Project: |
 |
| Category: | Submit completed invoice to:
ACDS |
| GL Account: | 611 7th Avenue Suite 208 |
| Approval: | Huntington, WV 25701
E-mail: wvacds@rvcds.org  |
| Date: | Fax: 304-697-6613 |
| PLEASE RETURN CHECK TO ACDS |
 |

Revised 2018