



# Invoice

**Reminders: If all documentation is not completed this could result in delay in payment.**

<b>Invoice #:</b>		<b>PO#:</b>		<b>Date:</b>	
First Name:		MI:		Last Name:	
Mailing Address:			City:		State: Zip:
Social Security #:		Phone:		E-mail:	
Semester Beginning Date:			Semester Ending Date:		
County where class is held:					

**PLEASE SUBMIT ONE INVOICE PER CATEGORY**

<b>Categories (a-j):</b>					
a) Instructor Supplies for (semester):		First	Second	Third	Fourth
b) Instructor Contractual Services Payment for (semester):		First	Second	Third	Fourth
c) Instructor's Update	d) Journeyperson's Seminar	e) Mini-Grant	f) Mentoring Training/Update		
g) Instructor's Academy	h) Instructor Bonus	i) Site Visit	j) Executive Council Travel		

**Please complete chart below – use additional sheet if necessary**

Date	Person/Agency Visited	Starting Point	Ending Point	Total Miles

Total Miles Traveled:	0.535
Total Site Visits:	10.00
Total Amount Requested:	

**For Office Use Only**

Program/Grant: \_\_\_\_\_

Project: \_\_\_\_\_

Category: \_\_\_\_\_

GL Account: \_\_\_\_\_

Approval: \_\_\_\_\_

Date: \_\_\_\_\_

**PLEASE RETURN CHECK TO ACDS**

Submit Completed Invoice to:

Sherrie Myers, ACDS State Coordinator  
 611 7<sup>th</sup> Avenue Suite 208  
 Huntington, WV 25701  
 E-mail: [smyers@rvcds.org](mailto:smyers@rvcds.org)

Date Invoice Received:

  

Date Scanned: