Apprenticeship for Child Development Specialist

Form 47

Mentor Invoice

Submit every six months for payment.
Mentee Contact Form (*Form 34*) is to be sent each month.

Invoice #:	PO#:	Date Mailed:
County:	Semester:	

First Name:	MI:	Last Name:	
Street Address:	City:	State:	Zip:
Social Security #: _ _ _ -_ _ - _ _ _ _	Phone:	E-mail:	

Mentoring Services For (name of mentee):	Invoice Term: ☐ July 1 – December 31 *(Due: January 15)* ☐ January 1 – June 30 *(Due: July 15)*

DATE	HOURS VISITED *(Example: 6:00 pm – 8:00 pm)*	TOTAL

Total Visits	
Total Hours	
Payment Total *($200.00 per apprentice/six months)*	

For Office Use Only

Program/Grant: _____
Project: _____
Category: _____
GL Account: _____
Approval: _____
Date: _____

PLEASE RETURN CHECK TO ACDS

Keep a copy for your records.

Submit completed invoice to:
Sherrie Myers, ACDS State Coordinator
611 7th Avenue Suite 208
Huntington, WV 25701
E-mail: smyers@rvcds.org

Date Invoice Received:

Date Scanned: