



Apprenticeship for Child Development Specialist
Local Council Representative Invoice

Invoice #:	PO#:	Date:	
Identifying Information			
First Name:	MI:	Last Name:	
Mailing Address:	City:	State:	Zip:
Social Security # (last 5 digits): X _ - _ _ _ _	Phone:	E-mail:	
County(s) Represented:			
Payment			
Term:		Invoice Amount (choose one):	
<input type="checkbox"/> July 1- December 31 (deadline Jan.15)	<input type="checkbox"/> January 1- June 30 (deadline July 15)	<input type="checkbox"/> \$250.00 for one term	<input type="checkbox"/> \$500.00 for two terms

By signing this document I certify that this is an original invoice and payment has not been received by other means.

 Signature of Local Council Representative

 Date

For Office Use Only	
Program/Grant:	_____
Project:	_____
Category:	_____
GL Account:	_____
Approval:	_____
Date:	_____
PLEASE RETURN CHECK TO ACDS	

Submit Completed Invoice to:
 ACDS Statewide Coordinator
 611 7th Avenue Suite 208
 Huntington, WV 25701
 Email: wvacds@rvcds.org
 Fax: 304-697-6613



This program is being presented with financial assistance as a grant from the West Virginia Department of Health and Human Resources and is administered by West Virginia Early Childhood Connections and Resources, a program of River Valley Child Development Services.