



Apprenticeship for Child Development Specialist
Mileage 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:		

Categories

Instructor Apprentice Site Visits Semester _____ Year _____	Mentoring Visits Semester _____ Year _____
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Please complete chart below – use additional sheet if necessary

Date	Person/Agency Visited	Starting Address	Ending Address	Miles (round to nearest mile)
11-14-17	Mulberry Child Care Center Apprentice- Susan Brown ★This line is an example★	123 My House, Newport WV	456 Childcare Lane, Mulberry WV	7
		456 Childcare Lane, Mulberry WV	123 My House, Newport WV	7
Total Miles Traveled:			X 0.725	
Total Instructor or Mentor Site Visits:			Number of visits X \$10.00	
			Total Amount Requested:	

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

Signature: _____ Date: _____

WVECTCR Funding Information - TCR-ECE is supported by federal funding passed through the West Virginia Department of Human Services: Federal award amount: \$4,727,547 (99.9% of program budget) State award amount: \$5,122 (0.1%). TCR-OMCFH is supported by state funding through the West Virginia Department of Health. TCR-HV is supported by federal funding passed through the West Virginia Department of Health: Federal award amount: \$225,000 (100% of program budget) State award amount: \$0 (0%).