



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

	Executive Council Travel Date of Meeting _____	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

For Office Use Only

Program/Grant: _____

Project: _____

Category: _____

GL Account: _____

Approval: _____

Date: _____

PLEASE RETURN CHECK TO
ACDS

Total Miles Traveled:	X 0.56
Total Site Visits:	Number of individuals visited X \$10.00
Total Mentor Visits:	One visit per month 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: _____

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 Training Connections and Resources, a program of River Valley Child Development Services.

