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| Apprenticeship for Child Development Specialist  **Mentor Invoice** |
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| 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** |
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|  | | | Total Hours of Visits |  |
|  | | | Mentor Payment |  |
|  | | ($200.00 per apprentice/six months) | |  |
| For Office Use Only | | *Total Payment* | |  |
| Program/Grant: | | Keep a copy for your records. | | |
| Project: | |  | | |
| Category: | | Submit completed invoice to:  ACDS | | |
| GL Account: | | 611 7th Avenue Suite 208 | | |
| Approval: | | Huntington, WV 25701  E-mail: [wvacds@rvcds.org](mailto:wvacds@rvcds.org) | | |
| Date: | | Fax: 304-697-6613 | | |
| PLEASE RETURN CHECK TO ACDS | |  | | |

Revised 2018