



Apprenticeship for Child Development Specialist

# Local Council Representative Invoice

<b>Invoice #:</b>	<b>PO#:</b>	<b>Date:</b>	
<b>Identifying Information</b>			
First Name:	MI:	Last Name:	
Mailing Address:		City:	State: Zip:
Social Security # (last 5 digits): X _ - _ _ _ _	Phone:	E-mail:	
County(s) Represented:			
<b>Payment</b>			
Term:		Invoice Amount:	
<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	

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

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

Submit Completed Invoice to:  
 ACDS Statewide Project Manager  
 611 7<sup>th</sup> Avenue Suite 208  
 Huntington, WV 25701  
 Email: [wvacds@rvcds.org](mailto:wvacds@rvcds.org)  
 Fax: 304-697-6613



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