

## Apprenticeship for Child Development Specialist

## **Mentor Invoice**

Invoice #:		PO#:				Date Mailed:				
County:					Semester:					
First Name:			MI:		Last Name:					
Street Address:			City		S		State:		Zip:	
Social Security #:			ie:	•		E-m	ail:			
Mentoring Services For (name of mentee):					voice Term:  July 1 – December 31  January 1 – June 30  (Due: January 15)  (Due: July 15)					
					<b>VISITED</b> 0 pm – 8:00 pm)					TOTAL
				•						
For Office Use Only					-		Hours o			
					Mentor Payment (\$200.00 per apprentice/six months)					
Program/Grant:					·			Payment		
Project: Category: GL Account:					Keep a copy for y					
Approval: Date:					Submit completed invoice to ACDS 611 7 <sup>th</sup> Avenue Suite 208 Huntington, WV 25701 F-mail: wyacds@nycds.org					3

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

Fax: 304-697-6613