Apprenticeship for Child Development Specialist

Mentor Invoice

Invoice #:	PO#:	Date Mailed:
County:	Semester:	

First Name:	MI:	Last Name:		
Street Address:	City:	State:	Zip:	
Social Security (last 5): ___-__ __ __ __	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

Total Hours of Visits	
Mentor Payment ($200.00 per apprentice/six months)	
Total Payment	

Keep a copy for your records.

Submit completed invoice to:
ACDS
611 7th Avenue
Huntington, WV 25701
E-mail: wvacds@rvcds.org

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%).