



Apprenticeship for Child Development Specialist
Local Council Representative 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:	
County(s) Represented:					
Payment					
Term:			Invoice Amount:		
<input type="checkbox"/> July 1- December 31 (deadline Jan.15)		<input type="checkbox"/> January 1- June 30 (deadline June 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

Submit Completed Invoice to:
 ACDS Project Manager
 611 7th Avenue
 Huntington, WV 25701
 Email: 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%).