



Apprenticeship for Child Development Specialist Mileage Invoice

Invoice #:		PO#:		Date:	
First Name:		MI:		Last Name:	
Mailing Address:			City:		State:
					Zip:
Social Security #:		Phone:		E-mail:	

Categories	
Executive Council Travel	Date of Meeting:
Mentoring Visits	Semester: Year:

Please complete chart below – use additional sheet if necessary

Date	Person/Agency Visited	Starting Point	Ending Point	Total Miles
11/14/21	Mulberry Child Care Susan Brown-apprentice <small>*This is an example only*</small>	123 My House Newport WV	456 Childcare Lane Mulberry WV	7
		456 Childcare Lane Mulberry WV	123 My House Newport WV	7

Total Miles Traveled:	Multiplied by 0.625
	Total Amount Requested:

For Office Use Only

Program/Grant: _____

Project: _____

Category: _____

GL Account: _____

Approval: _____

Datte: _____

PLEASE RETURN CHECK TO
ACDS

By signing this document, I certify that his is an original invoice and payment has not been received by other means.

Signature: _____ Date: _____



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