

PARENT EDUCATION PRESENTER INVOICE

Submit completed form to:
Court Services Billing Specialist
WV Supreme Court of Appeals
1900 Kanawha Blvd.
Building 1, Room E-100
Charleston, WV 25305

Presenter: _____ **Invoice Number:** _____

Make check payable to: _____

Social Security or FEIN: _____

Address for remittance: _____

Phone (home): _____ **Fax:** _____

Phone (work): _____ **E-mail:** _____

Class Information: (ONE class session per presenter, per invoice)

Date: _____ County: _____ Number: paid _____ waived _____

Total Number of Parents who attended the class on this date: _____

Solo-presenter **-OR-** Co-presenter

*** Please check appropriate box below:**

Bachelor's Degree (\$100.00 per session)

Master's Degree (\$115.00 per session)

Doctoral Degree (\$130.00 per session)

Total Session Fees: _____

*** Out-of-County Mileage** (available *only* if traveling to present class outside of home county)

Home County: _____

Round Trip miles traveled: _____ X _____ **Total Mileage:** _____

1/1/22 Mileage Rate = \$0.585/mile
1/1/21 Mileage Rate = \$0.56 /mile

*** Out-of-Pocket Fees** (a receipt *must* be attached to receive reimbursement)

Amount due: _____ Description: _____

Out-of-Pocket Fees: _____

Add session fees, mileage, and out-of-pocket fees:

Total Due: _____

Presenter's Signature: _____ **Date:** _____

(Must be in blue ink)

Administrative Office use only:

Approved: _____ **Date:** _____