

**ADVANCED CHILD-FOCUSED
PARENT EDUCATION PRESENTER INVOICE**

Submit completed form to:
Family Court Program Coordinator
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; if submitting all six sessions at once, please include Summary Sheet)

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

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

*** 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 _____

1/1/ 25 Mileage Rate = \$0.70/mile
1/1/ 24 Mileage Rate = \$0.67/mile

Total Mileage: \$ _____

*** 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: _____