

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 _____ 1/1/26 Mileage Rate = \$0.725/mile
1/1/25 Mileage Rate = \$0.70/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: _____