

Invoice

Vendor's Name						
Vendor's Address						
City		State		Zip Code		
Phone Number		Email Address				

Please check the appropriate box below and indicate the Effective Dates, the Amount Due and the Total Amount Due.

	Type	Effective Dates				Amount Due
	Partner Teacher Honorarium Payment	From		To		
	Partner Teacher Training Stipend	From		To		
	Professional Development Schools Training/Workshop Attendee	From		To		
	Professional Development Schools Program Participant	From		To		
	Professional Development Schools Training/Workshop Instructor	From		To		
Total Amount Due						

Education

Degree (Highest Held)	
Graduate Work Hours (Exact or Approximate)	
College Granting Last Degree	

Please check the appropriate box below and indicate the Teaching Fields.

Elementary Teaching Certificate	Teaching Fields	
Secondary Teaching Certificate	Teaching Fields	
Early Childhood Teaching Certificate	Teaching Fields	

Teaching Experience

Name of School for Current Placement	
Name of County for Current Placement	
Current School Year	
Number of Years in Current Placement (include current year)	
Number of Years of Teaching Experience (include current year)	

Supervision

Please list the name of the students below that you will be supervising this semester (if applicable).

Last Name	First Name	Last Name	First Name

Vendor's Signature	Date
---------------------------	-------------

For Glenville State College Departmental Use. I hereby certify that the services herein have been received and are approved for payment.

Date		Signature				
Fund	Orgn	Account	043000	Amount		
Fund	Orgn	Account	043000	Amount		