

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	From	Effective Dates	To	Amount Due
<input type="checkbox"/>	Partner Teacher Honorarium Payment				
<input type="checkbox"/>	Partner Teacher Training Stipend				
<input type="checkbox"/>	Professional Development Schools Training/Workshop Attendee				
<input type="checkbox"/>	Professional Development Schools Program Participant				
<input type="checkbox"/>	Professional Development Schools Training/Workshop Instructor				
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.

<input type="checkbox"/> Elementary Teaching Certificate	Teaching Fields	
<input type="checkbox"/> Secondary Teaching Certificate	Teaching Fields	
<input type="checkbox"/> 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
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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