



BILLING FOR MINI CENTER INSTRUCTORS

For the Period _____ to _____ 20_____

Authorization Number _____

County _____

Day of Month	Hours Worked
1	
2	
3	
4	
5	
6	
7	
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10	
11	
12	
13	
14	
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26	
27	
28	
29	
30	
31	

Mini Center Instructor's Name _____ (Print or Type)

Social Security No. (Last 4 Digits Only) _____

Address _____

City _____ State _____

Zip Code _____

Hours Worked _____ at \$ _____ Gross: \$ _____

Signature of Mini Center Instructor _____ Date _____

Counselor Initials _____ Date _____

Payment Start Date _____ Payment End Date / Invoice Date _____

Consumer _____

Original and Copy to Business Affairs and Copy to Counselor.
 Business Affairs Mails Copy to Mini Center Instructor with Check.