***YPC Community Educator* Invoice** *Invoice due on the 22nd of each month Please fill out completely*	
Name:	**Date:**
Address:	**Telephone:**

TRAININGS & MEETINGS- Date	Number of Hours	Training or Team Meeting
Total Hours		

Service Projects-Date	Number of Hours	Location
Total Projects		

PRESENTATIONS- Date	Number of Hours	Location
Total Presentations		

YPC Program Specialist Signature

YPC Program Coordinator Signature