

# NO KIDDING: Straight Talk from Teen Parents

## Invoice Packet Checklist

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Intern Name: \_\_\_\_\_

Pay Period: \_\_\_\_\_ Date Turned In: \_\_\_\_\_

***Invoices are due on the 22<sup>nd</sup> of each month.***

Item	Check	If not complete, reason
Invoice		
Skills 4 Success Log		
Child Care Reimbursement Form		
Partner Protocol Log		
5 presentations		
2 team meetings		
3 Skills 4 Success hours		