

AICLS Master Apprentice Program Invoice



Date: _____

Master: _____

Address: _____

Phone Number: _____ Email: _____

Apprentice: _____

Address: _____

Phone Number: _____ Email: _____

Please type a description of the language work and activities you did during each week of the month after "Activities/Topics Covered." Add more details or your feelings on how you did for the week after "Comments." Then type how many hours you did per week after "Total Hours for Week." At the end of the month, add your hours and type that number after "Total Hours" near the end of this form. Send the form to the AICLS Administrator.

Week 1 Activities/Topics Covered:

Comments: _____

Total Hours for Week 1: _____

Week 2 Activities/Topics Covered:

Comments: _____

Total Hours for Week 2: _____

Week 3 Activities/Topics Covered:

Comments: _____

Total Hours for Week 3: _____

Week 4 Activities/Topics Covered:

Comments: _____

Total Hours for Week 4: _____

(Add more on the back of the page, or add pages, if needed. Feel free to write a longer report if you like – we would love it!)

Pay Rate: \$15.00 Total Hours _____

AICLS Administrator _____

Total \$ _____