

AICLS Master Apprentice Program Invoice



Date: _____

Master: _____

Address: _____

Phone Number: _____

Apprentice: _____

Address: _____

Phone Number: _____

Please type a description of the language work and activities you did during each week of the month after "Activities/Topics Covered." Add 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: _____

Pay Rate: \$15.00 Total Hours: _____

AICLS Director or Designee _____

Total \$ _____

Send to: AICLS P.O. Box 26357, Fresno, CA 93729 or email to: carly@aicls.org