



Mentor Claim Form

**NAME AND ADDRESS OF CLAIMANT
(PLEASE PRINT CLEARLY)**

Date of Claim: _____

Last 4 of Social Security # : _____

Mentor/Literacy Coach Stipend for classroom visitation and planning

\$70.00

2 1/2 hours = 1 Session

Date	Description	Amount

Total: \$ _____

Signature and Title of Claimant

Date

Signature of Supervisor/Director

Date

Signature of Purchasing Officer

Date

<p>Budget Code</p> <p style="text-align: center;">A _____ - _____ - _____</p>
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