



## Mentor Claim Form 2024-2025

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

\$78.00

**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

Budget Code

A \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_