KID'S NET MSPCC

PAYMENT REQUEST

PAYMENT TO BE SENT TO:

Name: _____ W9 on File? Yes □ No □

Address: _____

Town & Zip:_____

Phone (C): _____ (H): _____

Social Security Number _____

MAPP DETAILS G/L CODE 6353

MAPP Start Date: _____ MAPP End Date: _____

Area Office: _____

Check One:

- ☐ PANELIST FEE: $45.00
- ☐ CO-LEADER FEE: $500.00 (per series)
- ☐ MAKE-UP SESSION: $85.00 (per session)
- ☐ EXPENSE: $35 (original receipts required)
- ☐ OTHER: _____

TRAINING DETAILS G/L CODE: 6352

Date of Training: _____ Area Office: _____

Name of Training: _____

Check One:

- ☐ TRAINER AMOUNT: _____
- ☐ BABYSITTING: $8/hr up to 3 hours
- ☐ OTHER: _____

TOTAL AMOUNT TO BE PAID: _____ Program #504/_____

SIGNATURE: **DATE:**

Invoices must be submitted within 15 days after the end of the month in which the service was provided. Requests for payment can be denied if not submitted within the same fiscal year (July 01 - June 30) in which the service is delivered.