

# PHILADELPHIA CONNECTIONS 4<sup>th</sup> YEAR BSW EP INVOICE FORM

Please complete all items with an asterisk (\*) AND PRINT!

\*Date this invoice is being completed: \_\_\_\_\_

Date and/or time period of services: (include beginning and end dates if not a single date of service)

\_\_\_\_\_  
First semester—September through December, 2014

Services provided:

(Please describe what was provided and for how long for example: "Two 3-hour seminars on Psychotherapy")

\_\_\_\_\_  
First semester stipend for BSW Enhanced Placement program

Costs for Services Provided: Please specify amount of services, rate of pay, and total amount due--for example, "Two seminars at \$100.00 per seminar = \$200.00 Total"

\*\*\*If expenses for materials, travel, etc. have been agreed upon, please attach original bills or invoices.

\_\_\_\_\_  
One semester @ \$150.00/semester =

TOTAL: \$ 150.00

---

## INFORMATION FOR PURPOSES OF REIMBURSEMENT/PAYMENT:

\*Name of person or agency being paid: \_\_\_\_\_

Function of person being paid:

\_\_\_\_\_  
Enhanced Placement student

\*What address should the check be mailed to? \_\_\_\_\_

\*Phone Number of person receiving check: \_\_\_\_\_

\*Social Security Number of person receiving check: \_\_\_\_\_

\*Name and phone number of person to contact about problems with invoice--*if different than the person receiving check* (otherwise, leave blank):

\_\_\_\_\_  
Name

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone

Questions about completing this form? Call Luciane Green: 215-599-5176 ***Please do not write below this line.***

\_\_\_\_\_  
Coordinator, Philadelphia Connections

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Invoice for: BSW EP

School/provider/note \_\_\_\_\_