



EL DORADO COUNTY EARLY CARE AND EDUCATION PLANNING COUNCIL

CARES Advisor Invoice

Advisor Name: _____
(First & Last Name- Please Print)

The following Participants have completed their professional commitments for the installment payment period ending:

February 2008 Payment #1

June 2008 Payment #2

	Participant has completed commitments for the current period :	Participant has completed commitments for the current period :
1. _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
2. _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
3. _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
4. _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
5. _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
6. _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
7. _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
8. _____	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

I hereby certify that the above information is true and correct to the best of my knowledge.

CARES Advisor Signature

Date

EDCOE/LPC Authorization

Date

For LPC use only: Total # of Participants assisted: _____ X \$200 = \$ _____ PO # _____

Copies to be retained by EDCOE (white, yellow, pink), CARES Advisor (goldenrod)