

**MENTOR COACH/PEER SUPPORT PROVIDER  
INVOICE FOR SERVICES**  
**Contra Costa County Office of Education Teacher Intern Program**

**TO:** *Contra Costa County Office of Education  
ATTN: Michael Bowers, Associate Superintendent,  
Human Resources  
77 Santa Barbara Road  
Pleasant Hill, CA 94523*

**DATE:** \_\_\_\_\_

**FROM:** \_\_\_\_\_ (Coach Name)

In consideration for my work as a Mentor Coach for Teacher Intern: \_\_\_\_\_,  
(Teacher Intern Name)

I am requesting payment for my services in accordance with signed MOU and Agreement for Services:

**I have turned in my completed Collaborative Coaching Logs.**

**\$100.00 claimed for attending mandatory Events** (*prorated based on attendance - check only those that you attended*)

Orientation 10/14/08 or 11/3/08       November Training 11/17/08 or 12/2/08       January Training 1/12/09 or 1/29/09       March Training 3/12/09 or 3/24/09       Culmination Ceremony 5/28/09

*(Please check ONE Box below that applies):*

\$900.00 claimed for providing mentoring services for the full academic year.

**OR**

\$500.00 claimed for providing mentoring services beginning January or later of 2009.

**OR**

\$\_\_\_\_\_ for abbreviated or shared Mentor Coach Services, as agreed upon.

***I certify that I have fulfilled the requirements as agreed upon in the signed MOU and Agreement for Services and hereby claim compensation for Mentor Coach services for 2008-2009 as noted above.***

\_\_\_\_\_  
**Original Signature Required**

\_\_\_\_\_  
**Date**

**Check should be made payable to  
Name & Mailing Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Invoice must be received at the Contra Costa County Office of Education not later than May 28, 2009*

**PLEASE Submit a Separate Invoice for EACH Intern Served**