



## CA BHWD Mentored Internship Program (MIP) Quarterly Intern(s) Invoice Template



<b>AGENCY NAME:</b>					
<b>ADDRESS:</b>					
<b>CITY:</b>		<b>STATE:</b>		<b>ZIP:</b>	
<b>TEL. #:</b>		<b>EMAIL:</b>			
<b>PROJECT #</b>	<b>7438.01-003</b>				
<b>UNIQUE SITE ID:</b>					

NAME OF INTERN <small>(Please list names of interns alphabetically).</small>	MONTH	TOTAL HOURS @ RATE FOR MONTH <small>(hrs@\$)</small>	TOTAL FEE PAID THIS MONTH	TOTAL MONTHLY BENEFITS PAID FOR INTERN <small>(if applicable)</small>	TOTAL AMOUNT PAID FOR INTERN
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
<b>TOTAL QUARTERLY INTERN(S) FEES:</b>					<b>\$</b>

*By signing below, the Grantee certifies this is a true and correct report of the MIP participants' time spent on this grant award during the designated quarter.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date