

Download this form and save to your computer. This is a fillable form.
Complete invoice, save, and attach to email to bill.

FACILITATOR/COACHING INVOICE

Facilitator's Name Your name

DATE: _____

Address Address check is to be mailed to

INVOICE#: This # needs to change with each monthly invoice

Phone: Preferred number to be contacted

BILL To: Morgan County Partnership for Children and Families
201 Ensign St., Fort Morgan, CO 80701 | 970-467-4957

For: Coaching and month or EQIT Module or Training

DATE OF ACTIVITY	DESCRIPTION OF ACTIVITY	QTY. HOURS	RATE	TOTAL
Each event listed separately and chronological order.	Coaching- Who, the topic, brief description, or EQIT module or planning.			
*Do not put multiple dates on a				

Total Total invoice amount for the individual page.

Signature

Date

*Invoices due to the Partnership by the 10th of each month.

**Allow two weeks processing time following invoice deadline. Times can vary due to work schedules.

***Email invoices to carri@morgancountypartnership.org