



Delaware Stars for *Early Success* Technical Assistance Monthly Report and Invoice

TA Name _____ Month _____ Year _____

Name of Program	# of visits	# of contact hours	# of contact hours x \$40	Office Use Eligible Units Prep time	Office Use EUx \$80 Prep time
1.					
2.					
3.					
4.					
5.					
6.					
TOTALS					

MILEAGE: # of miles traveled outside home county _____ X .44/mile = _____

TA signature _____

OFFICE USE:

Amount Due: \$_____ (mileage) + \$_____ (contact hours x \$40) + \$_____ (prep time) = \$_____

***Prep time is calculated at 2 additional hours (\$80) for every 6 reported and approved contact hours
 INCLUDE TA CONTACT LOG WITH INVOICE**

Amount approved _____
 Coordinator _____
 DOE _____
 Comments _____

Make checks payable and mail to:

Name _____
 Street _____
 City _____
 State _____ Zip _____