**ASL Interpreting Services 5801 Duluth Street Suite 106 Golden Valley, MN 55422 www.aslis.com**

**Mentor Verification and Invoice  
Mentor Full Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Invoice #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please fill out the information below for the Mentor application. The information below will help us track our statics (which is required by the state) and also this will help us verify the information and to pay our mentors as well.

**Month of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payment Rates that apply:**

**1.5 hour per session: $25.00 OR total 12 hours for $200.00.**

**Mixers: $40.00 each time.**

**Evaluation: $40.00 each time.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Start/End Times** | **Location/Event** | **Mentor Initials** | **Mentee Initials** | **$Payment Rates that Apply** |
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**Invoice Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please sign and return completed verification form to:**

**accounts@aslis.com**

ASL Interpreting Services  
By signing this form, the information indicated above is true and accurate.

Signature of applicant:

Date:

Signature of apprentice:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*The Education to Excellence pilot program is supported by grant funding from the Minnesota Department of Human Services Deaf &*

*Hard of Hearing Services Division.*

1 ASL Interpreting Services Mentor Verification and Invoice Form DHHS Expenses:DHHS Deaf Mentor Program