

PRE-APPROVED MONTHLY YES ACTIVITIES DESCRIPTION AND INVOICE FORM

This form identifies monthly activities for the Youth Empowerment Services project and program.
(Submit to Info@idahofederation.org within 5 business days of the last day of the month you are submitting for)

Youth Name: _____ **Phone:** _____ **Email:** _____

Workgroup Assignment: _____ **State Contact for Assignment:** _____ **Current Month/Year:** _____

Task Number	Description of Task	Deliverable (i.e., attend a meeting, review a document, produce a document, etc.)	Total Hours of Participation	Paid Hours	Volunteer Hours
1					
2					
3					
4					
5					
6					
7					
8					
Total Hours					
			Invoice Total (Total <u>Actual</u> Hours x hourly rate of \$15.00)		

INVOICE SECTION:

If Total Hours of Participation are different from the hours the original workorder approved for you, please provide a description explaining why the difference occurred for each of the identified tasks. Additional tasks or hours performed by the youth without prior written approval are considered volunteer time.

INVOICE DATE: _____ **Youth Member Signature:** _____

IFF INVOICE REVIEWER/APPROVER: _____ **DATE:** _____