Project WET Workshop - Stipend INVOICE

INVOICE DATE: ☐ **Prescott AMA**

Who sponsored your workshop? ☐ **Phoenix AMA** ☐ **City of Phoenix** ☐ **Tucson AMA** ☐ **Tucson Water**

FACILITATOR NAME

CO-FACILITATOR NAME

SS #

MAILING ADDRESS

Are you a U.S. Citizen? ☐ **Yes** ☐ **No**

WORKSHOP DATE	WORKSHOP TIMES	# PARTICIPANTS	PAYMENT REQUESTED
			TOTAL DUE $

LIST OF PARTICIPANTS MUST BE ATTACHED!

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