Northeast South Dakota Head Start Program, Inc.
Interpreter/ Consultant Invoice

Head Start Staff Only
Staff Initials _____
Approved Date: _____

Interpreter/Consultant Name (Please Print)		**Interpreter/Consultant Signature**	**Date**	
Date	**Staff Name**	**Activity** **Ex.: Phone Call, Home Visit, Parent/Teacher Conferences, Classroom, Screening**	**HRS**	**Staff Initials**
		Total Hours		

***This form must be submitted monthly.**

August 31, 2011