

INVOICE FOR STIPEND – MENTOR

Full Name of Mentor: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Full Name of Student: _____

Stipend for Mentored Practice Year 1 _____ Mentored Year Practice 2 _____

Stipend Amount Due for Mentoring: _____ (\$100 for one year of mentoring)

Each Instructor must have proper IRS paperwork on file with the Treasurer, and will be issued a 1099-MISC by January 31.

Please send (e-mail) to the Financial Secretary at the close of the Mentored Practice year. Be sure all required written documents have been completed and filed. Email the forms to Susan Crane at cranewolcott@myfairpoint.net OR regular mail forms to Rev. Dr. Susan Crane, 160 West Road, Chesterville, ME 004938.