

Coffee County Schools
1343 McArthur Street
Manchester, TN 37355

Teacher Mentor Pay Voucher

Name of Mentor (please print) _____

School _____

Date of Workshop	Length of Instruction	Amount to be Paid

Total Hours _____ **Total Amount** _____

Mentor Signature _____

Principal Signature _____

Date _____

Project Supervisor Signature _____

Funding Source _____

Rate _____