



Above for SESC Use Only

## RECORD OF PAYMENT/ATTENDANCE

Matthew T. Bradford

PARTICIPANT NAME

7 Pineledge Terrace

MAILING ADDRESS

Portland, ME 04103

MONTH END DATE

VC0000274095

VENDOR #

B550

PROGRAM TITLE

SESC Invoice #

USM - Full-time Student Spring 2025

ECO 101-0002, ENG 102-0006, PHI 275-0001, PSY 100-0002, SWO 201-0001 - 15 Credit Hours

Monday		Tuesday		Wednesday		Thursday		Friday		Total Miles
Date	# of Miles	Date	# of Miles	Date	# of Miles	Date	# of Miles	Date	# of Miles	
Month Total Miles										

### PARTICIPANT'S CERTIFICATION:

I GIVE THIS INFORMATION TO SUPPORT MY REQUEST FOR PAYMENT AND/OR TO VERIFY TIME SPENT IN AN ACTIVITY.

PARTICIPANT'S SIGNATURE

DATE

### TRAINING CENTER CERTIFICATION:

THE INFORMATION PROVIDED ON THE FORM IS IN ACCORDANCE WITH OUR RECORDS AND IS CORRECT TO MY KNOWLEDGE.

N/A

TRAINING CENTER OFFICIAL SIGNATURE

N/A

DATE

**DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.**

TOTAL MILES TRAVELED:

0.54

Enter Rate

N/A

MILEAGE PAYMENT

Stipend MO/YR:

Stipend Amount:  
(if eligible)

\$853.00

I HAVE REVIEWED THIS FORM AND AUTHORIZE PAYMENT TO THE PARTICIPANT

**DOC TOTAL**

**\$853.00**

Mileage Payment plus Stipend Amount

COUNSELOR SIGNATURE

DATE:

MANAGER SIGNATURE

DATE:

077 12A B550 01 6521 23520 B550 - \$853.00

SESC Signature:

Revised 10/20/16