Probation Department
175 West Fifth Street
San Bernardino, CA 92415
ATTN:LAURA GONZALES
AB 1913 Coordinator

# ATTACHMENTA
# INVOICE FOR DAY REPORTING CENTER CLASSES

ONE 2 ONE MENTORS, INC.
PO Box 1461
Victorville, CA 92392

MONTH/YR_____ # OF CLASS SESSIONS_____ X **$75** = [ ]

| DATE | CLASS SESSIONS | HOURS | # ATTENDED |
|---|---|---|---|
| | 1. | | |
| | 2. | | |
| | 3. | | |
| | 4. | | |
| | 5. | | |
| | 6. | | |
| | 7. | | |
| | 8. | | |
| | 9. | | |
| | 10. | | |
| | 11. | | |
| | 12. | | |
| | 13. | | |
| | 14. | | |
| | 15. | | |
| | 16. | | |
| | 17. | | |
| | 18. | | |
| | 19. | | |
| | 20. | | |
| | 21. | | |
| | 22. | | |
| | 23. | | |

NAME_____ TITLE_____ PHONE_____

SIGNATURE_____ DATE_____

## ATTACH SIGN-IN SHEETS FOR EACH CLASS SESSIONS