



Iowa Alliance for Arts Education

*"Advancing the Heart of Education"*

**Reimbursement Invoice  
'Virtual' Mentor Visits**

Mentor Name: \_\_\_\_\_

Mentor Street Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Participating Organization-circle one: Are you a member of IAAE: Yes No

AEI IBA ICA ICDA IMEA ISTA Iowa Thespians

Name of Mentee/Young Professional: \_\_\_\_\_

School District of Mentee/Young Professional: \_\_\_\_\_

Circle method used for visit: (phone, Zoom, Google Hangout, Skype, Facetime, Go To Meeting)

Length of visit: \_\_\_\_\_ Mentors will be reimbursed @ \$25 per hour.

Provide a brief narrative of your visit including topics discussed and positive effects of visit.

Mentor Signature \_\_\_\_\_

Return this form to:

Leon Kuehner – IAAE Arts Mentor Program Co-Chair  
977 Glendale Park Drive  
Hampton, Iowa 50441

OFFICE USE ONLY: Reimbursement Total: \_\_\_\_\_ Reimbursement Check # \_\_\_\_\_