

GUARDIAN AD LITEM (GAL) MENTOR VOUCHER

Pursuant to Administrative Order JB-25-01

A. SERVICE MONTH: _____**B. ITEMIZATION OF HOURS:** *You must itemize all mentoring services in the chart below. If more space is needed, please attach an itemized invoice with the required information.*

Date of Mentoring Services	Name of GAL Mentee	Time Spent (in 0.1 increments)

C. TOTAL HOURS: _____**D. ☐ SURVEYS.** By checking this box, I hereby certify that I have completed a mentoring completion survey for each referral. *(This box must be checked for your voucher to be processed.)*

The above statement of time spent is true and correct. I further certify that my billing is in accordance with Administrative Order JB-25-01 and that I have not double-billed for my time.

Signature of Mentor _____

Name of Mentor (print) _____

Telephone Number _____

Email Address _____

Date submitted (mm/dd/yyyy) _____

Check Payable To _____

Address _____

Vendor Code # _____

PLEASE NOTE: Please submit this form and any attachments as one PDF file to galadministrative@courts.maine.gov.

FOR INTERNAL USE ONLY		Date Stamp
TOTAL DUE \$ _____		
Total Hours/Mileage/Other Expenses APPROVED BY: _____ (Signature) <input type="checkbox"/> Judge <input type="checkbox"/> Family Division _____ Name (print) _____ Date (mm/dd/yyyy): _____	AOC Approved for Payment <u>Funding Source:</u> 013-40A-4141-05-4141DATA-F2025 _____ (Date mm/dd/yyyy) TRANS AGENCY DOCUMENT I.D. #TYPE CODE GAX 40A	