

**TITLE III-D DISEASE PREVENTION AND HEALTH PROMOTION
 FALL PREVENTION: MATTER OF BALANCE (MOB)
 AND TAI-CHI FOR ARTHRITIS (TCA)
 Title III-D Evidence-Based Program Invoice FFY 2021**

From: Center Name
 Address:
 Email:
 Phone #:

Senior Center Trainer (s) Participated in or TCA/MOB Classes:

Name of Trainer	Training Date(s)	Location of Training Classes

Please enclose receipts for reimbursement of up to \$800.00 for the above training session

Name of Trainer(s):
 Request Travel Reimbursement Total: \$ _____

MOB Series Classes (2 sessions)

1 st Series	Dates	# of Participants	2 nd Series	Dates	# of Participants
Class 1			Class 1		
Class 2			Class 2		
Class 3			Class 3		
Class 4			Class 4		
Class 5			Class 5		
Class 6			Class 6		
Class 7			Class 7		
Class 8			Class 8		

Name of Trainer(s):
 MOB Classes Stipend Total: \$ _____

TCA Series Classes (1 session)

Classes	Dates	# of Participants	Classes	Dates	# of Participants
Class 1			Class 9		
Class 2			Class 10		
Class 3			Class 11		
Class 4			Class 12		
Class 5			Class 13		
Class 6			Class 14		
Class 7			Class 15		
Class 8			Class 16		

Name of Trainer(s):
 TCA Classes Stipend Total: \$ _____

Director Signature: _____ Date: _____

Please submit this invoice with a copy of A & D report to CLS and the TCA/MOB required report(s) to WDHI, Injury Prevention Program to support your participation with WDHI, Title III-D Evidence-Based Program

Final FFY 2021 invoice, for services ending by 9/30/2021, must be submitted no later than 10/15/2021