

## Early Learning Scholarships Program

### Invoice Form – Pathway I – FY2023

Early childhood education programs serving Early Learning Scholarships – Pathway I award recipient children must submit this invoice for payment of eligible service expenses. Please read the INSTRUCTIONS sheet before completing this form.

#### Area Administrator (AA) Contact Information

**Contact Name:** Sandy Scheiber

**Organization Name:** Northland Foundation

**Mailing Address:** 202 W Superior St, Ste 610 Duluth MN 55802

**Contact Phone Number:** 218-461-9936

**Email Address:** sandy@northlandfdn.org

#### I. Early Childhood Program Contact Information

Program Name:		Site Name:	<i>Use if invoicing for one site of a multi-site program</i>
Program Address:		Program Billing Address:	<i>Required only if different than primary program address provided to left</i>
Program Contact Name:		Phone:	
Program Contact Role/Title:		Email:	

#### II. Invoice Information

Service Period:	<i>Start of period covered by invoice (MM/DD/YYYY)</i>	to	<i>End of period covered by invoice (MM/DD/YYYY)</i>
Date of Invoice Submission to AA:		Enter X if this is a corrected version of a previously submitted invoice for the same period: <input style="width: 20px; height: 15px;" type="checkbox"/>	
Authorized Individual's Position/Title:			
<b>Authorized Signature*:</b>		Signature Date:	

*By signing this form, you are declaring: the information contained within is accurate, just and true; services were performed as represented; charges for services are official; charges are included only as allowable under Early Learning Scholarships Program policy.*

*\*Please see the Program Participation Agreement for signature and submission requirements.*

#### AREA ADMINISTRATOR USE ONLY

Date Received:	
Invoice Tracking Number/Code:	

Early Learning Scholarships Invoice Form SFY2023

Program/Site:	A	B	C	D	E	F	G	H	I	J
	Scheduled to Attend	Program Holidays	Closure Days	Absent Days	Absent 10 or more Consecutive Days?	Program Tuition	Additional Fees	Child Care Assistance Program (CCAP) Payment	Other Payment(s) Received	Scholarship Payment Amount Requested
Participating Child Information	<i>day count</i>	<i>day count</i>	<i>day count</i>	<i>day count</i>	Y/N	<i>amount charged before discounts or payments</i>	<i>Refer to INSTRUCTIONS for fee codes</i>	<i>not co-payment</i>	<i>non-CCAP payments and applied discounts</i>	= (F+G)-(H+I)
First Name: _____ Last Name: _____ Birthdate: MM / DD / YYYY Award Date: MM / DD / YYYY Attendance Start: MM / DD / YYYY Final Invoice: <input type="checkbox"/> Check box if child has left program						\$	\$	\$	\$	\$ 0.00
Child Notes:							Fee Descriptions: For each fee, fill in a box with the code and amount on line to right	\$	\$	\$
First Name: _____ Last Name: _____ Birthdate: / / Award Date: / / Attendance Start: / / Final Invoice: <input type="checkbox"/> Check box if child has left program						\$	\$	\$	\$	\$ 0.00
Child Notes:							Fee Descriptions: For each fee, fill in a box with the code and amount on line to right	\$	\$	\$
First Name: _____ Last Name: _____ Birthdate: / / Award Date: / / Attendance Start: / / Final Invoice: <input type="checkbox"/> Check box if child has left program						\$	\$	\$	\$	\$ 0.00
Child Notes:							Fee Descriptions: For each fee, fill in a box with the code and amount on line to right	\$	\$	\$
First Name: _____ Last Name: _____ Birthdate: / / Award Date: / / Attendance Start: / / Final Invoice: <input type="checkbox"/> Check box if child has left program						\$	\$	\$	\$	\$ 0.00
Child Notes:							Fee Descriptions: For each fee, fill in a box with the code and amount on line to right	\$	\$	\$
First Name: _____ Last Name: _____ Birthdate: / / Award Date: / / Attendance Start: / / Final Invoice: <input type="checkbox"/> Check box if child has left program						\$	\$	\$	\$	\$ 0.00
Child Notes:							Fee Descriptions: For each fee, fill in a box with the code and amount on line to right	\$	\$	\$
First Name: _____ Last Name: _____ Birthdate: / / Award Date: / / Attendance Start: / / Final Invoice: <input type="checkbox"/> Check box if child has left program						\$	\$	\$	\$	\$ 0.00
Child Notes:							Fee Descriptions: For each fee, fill in a box with the code and amount on line to right	\$	\$	\$
<b>Page Total</b>						\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00