

ATTACHMENT G

**PROVIDER INVOICE
NC Pre-K Program**

Instructions

- (1) Use this form to submit Requests for Payment to your Lead Agency.
- (2) Enter your Provider Name, Federal Tax Identification Number, Contract Number, and the month and year in which services were rendered in the cells in the second and third rows of the following table.
- (3) Enter the number of children served in accordance with the NC Pre-K attendance policy in Cells A-1 and A-2.
- (4) Enter the applicable payment rates in Cells B-1 and B-2
- (5) Multiply the number of children in Cell A-1 by the rate in Cell B-1 and enter the product in Cell C-1.
- (6) Multiply the number of children in Cell A-2 by the rate in Cell B-2 and enter the product in Cell C-2
- (7) Add together the numbers in Cells C-1 and C-2 and enter the total in Cell C-3.
- (8) Obtain the signature of your Superintendent, Chairman of the Board, Chief Financial Officer, or their designee in the certification section of this Invoice.
- (9) Attach your signed monthly classroom attendance report to this voucher and submit the voucher and the report to your Lead Agency.

Invoice						
Provider Name:			Provider's Federal Tax I.D. No.			
Contract Number:			Year of Service:		Month of Service:	
Direct Services Funds						
		A		B		C
		# of Children Served		Payment Rate		Subtotal
1	Funding		x	\$	=	\$
2	Funding		x	\$	=	\$
3	Funding		x	\$	=	\$
4	Total Amount of Direct Service Funds					\$
Certification						
As the Provider's chief executive officer, I hereby certify that the services billed to the Lead Agency in this invoice have been delivered in accordance with the conditions of the contract, and that to the best of my knowledge and belief we have complied with all laws, regulations and contractual provisions that are conditions of payments under this Contract.						
Printed Name:			Title:			
Signature			Date:			
FOR AGENCY USE ONLY						
Signature: _____ Date: _____ Approved: _____						