



# FOSTER CARE INCENTIVE INVOICE TEMPLATE

Contract Number: \_\_\_\_\_  
 SERVICE PROVIDER: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

Invoice and Client Log  
 for the MONTH of: \_\_\_\_\_

	Incentive Type	Last Name of Applicable Foster Home	Child's Name	Date of Admission or First Day of Invoice Month (MM/DD/YY)	Date of Release or Last Day of Invoice Month (MM/DD/YY)	Number of Units within Billing Period	Unit Rate to CPA	Total Cost
1							\$2.00	\$0.00
2							\$2.00	\$0.00
3							\$2.00	\$0.00
4							\$2.00	\$0.00
5							\$2.00	\$0.00
6							\$2.00	\$0.00
7							\$2.00	\$0.00
8							\$2.00	\$0.00
9							\$2.00	\$0.00
10							\$2.00	\$0.00
11							\$2.00	\$0.00
12							\$2.00	\$0.00
13							\$2.00	\$0.00
14							\$2.00	\$0.00
15							\$2.00	\$0.00
16							\$2.00	\$0.00
17							\$2.00	\$0.00
18							\$2.00	\$0.00
19							\$2.00	\$0.00
20							\$2.00	\$0.00
Total Amount Requested:								\$0.00

\*I certify the above to be correct in agreement with the agency's records and with the terms of the agreement with CCKids.

Submitted by:

Signature Title Date

CONTACT THE FOLLOWING PERSON REGARDING THE PREPARATION OF THIS DOCUMENT:

Name DIRECT Telephone Number

FOR CCKids USE ONLY:	
<b>CONTRACT DEPARTMENT</b>  Date Invoice Received: _____  Service Period: _____	Approved for Payment By: _____  Date Approved: _____
<b>FINANCE DEPARTMENT</b>  Approved for Payment By: _____ Date Approved: _____	
GL # _____	Percentage/Amount of Payment: _____
GL # _____	Percentage/Amount of Payment: _____
GL # _____	Percentage/Amount of Payment: _____