Communities Connected for Kids

FOSTER CARE INVOICE TEMPLATE

Contract Number: _____

SERVICE PROVIDER: _____

Address: _____

_____

Telephone Number: _____

Invoice and Client Log for the MONTH of: _____

	Client Name	Social Security Number	Date of Birth (MM/DD/YY)	Incident Reports Filed (yes or no)	Date of Admission (if applicable) (MM/DD/YY)	Date of Release (if applicable) (MM/DD/YY)	Number of Days within Billing Period	Unit Rate	Total Cost
1									$0.00
2									$0.00
3									$0.00
4									$0.00
5									$0.00
6									$0.00
7									$0.00
8									$0.00
9									$0.00
10									$0.00
11									$0.00
12									$0.00
13									$0.00
14									$0.00
15									$0.00
16									$0.00
17									$0.00
18									$0.00
19									$0.00
20									$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:

CONTRACT DEPARTMENT

Date Invoice Received: _____ **Approved for Payment By:** _____

Service Period: _____ **Date Approved:** _____

FINANCE DEPARTMENT

Approved for Payment By: _____ Date Approved: _____

GL # _____ Percentage/Amountof Payment: _____

GL # _____ Percentage/Amountof Payment: _____

GL # _____ Percentage/Amountof Payment: _____