



## INVOICE FOR PROGRAM SERVICES

Contract Number: \_\_\_\_\_

Vendor ID #: \_\_\_\_\_

SERVICE PROVIDER: \_\_\_\_\_

Program Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Invoice for the  
MONTH of: \_\_\_\_\_

SERVICE NAME	MAXIMUM # OF UNITS PER MONTH	Unit Rate	Total Cost
	1		\$0.00
			\$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:

#### CONTRACT MANAGEMENT DEPT.

Date Invoice Received

Service Period

Approved Amount for Service: \_\_\_\_\_

Approved for Payment By: \_\_\_\_\_

Date Approved: \_\_\_\_\_

#### FINANCE DEPARTMENT

Approved for Payment By: \_\_\_\_\_

Date Approved: \_\_\_\_\_

GL #

Percentage/Amount of Payment: \_\_\_\_\_

GL #

Percentage/Amount of Payment: \_\_\_\_\_

GL #

Percentage/Amount of Payment: \_\_\_\_\_