Early Learning Scholarships Program

Invoice Form – Pathway I – FY2024

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 800, Duluth MN 55802
Contact Phone Number:	218-461-9936
Email Address:	sandy@northlandfdn.org

I. Early Childhood Program Contact Information

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

II. Invoice Information

Service Period:	*Start of period covered by invoice (MM/DD/YYYY)*	to	*End of period covered by invoice (MM/DD/YYYY)*
Date of Invoice Submission to AA:		Enter **X** if this is a corrected version of a previously submitted invoice for the same period:	
Authorized Individual's Position/Title:			
Authorized Signature*:		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 ADMINSTRATOR USE ONLY

Date Received:	
Invoice Tracking Number/Code:	

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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** *amount charged before discounts or payments*	**Additional Fees** *Refer to INSTRUCTIONS for fee codes*	Child Care Assistance Program **(CCAP) Payment** *not co-payment*	**Other Payment(s) Received** *non-CCAP payments and applied discounts*	Scholarship Payment **Amount Requested**
Participating Child Information	*day count*	*day count*	*day count*	*day count*	Y/N					= (F+G)-(H+I)
First Name: _____ Last Name: _____						$	$	$	$	$ 0.00
Birthdate: MM / DD / YYYY Award Date: MM / DD / YYYY Attendance Start: MM / DD / YYYY *Final Invoice: Check box if child has left program* ☐	Child Notes:						Fee Descriptions: *For each fee, fill in a box with the code and amount on line to right* ☐ $ ☐ $ ☐ $		☐ $ ☐ $ ☐ $	☐ $ ☐ $ ☐ $
First Name: _____ Last Name: _____						$	$	$	$	$ 0.00
Birthdate: ___/___/___ Award Date: ___/___/___ Attendance Start: ___/___/___ *Final Invoice: Check box if child has left program* ☐	Child Notes:						Fee Descriptions: ☐ $ ☐ $ ☐ $		☐ $ ☐ $ ☐ $	☐ $ ☐ $ ☐ $
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First Name: _____ Last Name: _____						$	$	$	$	$ 0.00
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First Name: _____ Last Name: _____						$	$	$	$	$ 0.00
Birthdate: ___/___/___ Award Date: ___/___/___ Attendance Start: ___/___/___ *Final Invoice: Check box if child has left program* ☐	Child Notes:						Fee Descriptions: ☐ $ ☐ $ ☐ $		☐ $ ☐ $ ☐ $	☐ $ ☐ $ ☐ $
Page Total						$ $0.00	$ $0.00	$ 0.00	$ 0.00	$ 0.00

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First Name: _____ Last Name: _____							$	$	$	$	$ 0.00
Birthdate: / / Award Date: / / Attendance Start: / / *Final Invoice: Check box if child has left program* ☐	*Child Notes:*							**Fee Descriptions:** ☐ $ $ $	☐ $ $ $	☐ $ $ $	
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First Name: _____ Last Name: _____							$	$	$	$	$ 0.00
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Page Total							$ $0.00	$ $0.00	$ 0.00	$ 0.00	$ 0.00