

Baby Steps: Infant Toddler Quality Improvement Project Invoice 2010-2011

Office of Child Care

Invoice Number: _____

Billing Period (circle): 1st 2nd 3rd

Center Name: _____	
Mailing Address: _____	
City: _____	Zip Code: _____
Contact Name: _____	Telephone: _____
Vendor Number _____	Contract Number _____

INVOICE CALCULATION (Do not write in the gray sections)

1. Reimbursement for training: (Attach Copies of Training Certificates and wages paid)				1.
Circle the target month:	Total Monthly Attendance	No. of days in the Month	No. of enrolled Children	
Sept. 2010 (1 st billing period)				
Jan. 2011 (2 nd billing period)				
April 2011 (3rd billing period)				
Average Daily Attendance (ADA) = Monthly Attendance divided by the number of days in the month. Write this number here: _____.				
2. Stipend Amount. Refer to ADA invoice chart below				2.
3. Invoice total			(Add Line 1 + Line 2) =	3.

ADA INVOICE CHART – Stipend Amount

YOUR ADA (Average Daily Attendance)	Invoice Amount (Write this amount on the invoice amount line)
1 – 4.4	\$500
4.5 – 8.4	\$1000
8.5 – 12.4	\$1500
12.5 – 16.4	\$2000
16.5 – 20.4	\$2500
20.5 – 24.4	\$3000
24.5 - 28.4	\$3500
28.5 and above	\$4000

REQUIRED ENCLOSURES: Training Report _____ Attendance Form _____ Budget Form _____

Grantee Signature

Date

For Office of Child Care Use Only

Fund	Agency	Low Org	Appr Code	Activity Code	Object Code	Report Category	Amount
1000	6000	6160	NJH	6ITG		CCIT	

Approved by: _____ Program Specialist Date: _____