



Provider Invoice Instructions

January 2025



By the 5th of each month, please submit one invoice per classroom for the prior month.

Late invoices, invoices with errors, or failure to use the correct invoice template will result in payment the following month.

Template Fill Out instructions: Please note - Use of the dropdown menus are **critical to the accuracy** of the invoice as these auto-populate needed information.

1. Fill in the following required fields:
 - a. **Provider Name**
 - b. **Address**
 - c. **Month of Service** (only use dropdown)
 - d. **County** (only use dropdown)
 - e. **Classroom** (only use dropdown)

The **Rates** field should reflect the current daily contracted rates. If not, please reach out to 4C for an updated template.

INVOICE FOR EARLY HEAD START (EHS) CONTRACTED SERVICES 2024-2025 WITH COLA & ER							
Provider Name:			Rates:	\$52.16	\$59.09		
Address:			County:				
Month of Service:			Classroom:				
# of Children	<u>List the children</u> A. Name of Enr B. Name of Enr C. Funded Slots	Month of Service Please select a Month from the list	SR	IFSP-Y/N	# Days Enrolled	\$ per day	Total

2. For each enrolled child, please fill out the following:
 - a. **Child Name**
 - b. **IFSP-Y/N** (from dropdown) or **SR Enrolled-Y/N** (CCP Only) – see pictures below
 - c. **# Days Enrolled** (from Monthly Attendance form)

Picture of HS, EHS, and EXP invoice

# of Children	<u>List the children below as follows:</u> A. Name of Enrolled Child receiving SR B. Name of Enrolled Children w/o SR C. Funded Slots	IFSP-Y/N	# Days Enrolled	\$ per day	Total
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00

Picture of CCP invoice:

# of Children	<u>List the children below as follows:</u> A. Name of Enrolled Child receiving SR B. Name of Enrolled Children w/o SR C. Funded Slots	SR Enrolled	# Days Enrolled	\$ per day	Total
1					\$0.00
2					\$0.00
3					\$0.00
4					\$0.00
5					\$0.00



Provider Invoice Instructions

January 2025



3. If your classroom was not fully enrolled for the month, please fill out additional rows for each empty slot (up to total # of contracted children) with the following:
 - a. **Child Name:** 'Funded Slot'
 - b. **IFSP-Y/N:** 'N/A' (from dropdown) or **SR Enrolled:** 'N/A' (CCP Only)
 - c. **# Days Enrolled:** # days site was open for the month

4. If any child in step 2 was enrolled for only part of the month, please fill out an additional row for that child with the following:
 - a. **Child Name:** 'Funded Slot'
 - b. **IFSP-Y/N:** 'N/A' (from dropdown) or **SR Enrolled:** 'N/A' (CCP Only)
 - c. **# Days Enrolled:** Remaining instructional days that month (after subtracting out days the child was enrolled).

If two children partially fill the same slot in a month, please fill out a row for each in step 2, and an additional 'Funded Slot' row in step 4 with the remaining calendar days your site was open. For example, your site was open for 20 days in January. You would fill out 3 rows as follows:

- a. Row 1: Child 1 who was enrolled 5 days (step 2)
- b. Row 2: Child 2 who was enrolled 10 days (step 2)
- c. Row 3: Funded slot for remaining 5 days (step 4)

Example – showing a month with 20 funded days:

# of Children	List the children below as follows:				
	A. Name of Enrolled Child receiving SR B. Name of Enrolled Children w/o SR C. Funded Slots	IFSP-Y/N	# Days Enrolled	\$ per day	Total
1	Child 1 - Sara Diaz	No	5	\$52.16	\$260.80
2	Child 2 - Robert Torres	Yes	10	\$59.09	\$590.90
3	Funded slot	N/A	5	\$52.16	\$260.80
4					\$0.00

5. Once all children and funded slots (if any) are correctly filled out, 'Total for Services Rendered' will automatically populate the amount you are expected to be reimbursed for the month.

6. Please review your invoice thoroughly for accuracy, then complete:
 - a. **Printed name of the Authorized Personnel**
 - b. **Signature of Authorized Personnel**
 - c. **Date** (date invoice was signed)

7. Save and upload a PDF of your invoice(s) to ShareFile by the 5th of the following month. Invoices or invoice corrections submitted by any other means will not be accepted.

Thank you for your continued partnership with 4C!