



## Provider Invoice Instructions

Revised July 2025



By the **3rd business day of each month**, please submit one invoice per classroom for the prior month.

Late invoices, invoices with errors needing more than two (2) attempts to correct, 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:

- Provider Name**
- Address**
- Month of Service** (only use dropdown)
- County** (only use dropdown)
- 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 2025-2026 |  |            |          |          |  |
|------------------------------------------------------------------|--|------------|----------|----------|--|
| Provider Name:                                                   |  | Rates:     | \$ 52.16 | \$ 59.09 |  |
| Address:                                                         |  | County:    |          |          |  |
| Month of Service:                                                |  | Classroom: |          |          |  |

Use the pull down to select month and year

Use the pull downs to select county and classroom

2. New in 2025-26, report the teachers in each class with the start and end dates in that classroom as appropriate to the month being reported. If you have a floater teacher, please list them as First Name Last Name (floater).

|               |  |             |  |           |  |
|---------------|--|-------------|--|-----------|--|
| Teacher Name: |  | Start Date: |  | End Date: |  |
| Teacher Name: |  | Start Date: |  | End Date: |  |
| Teacher Name: |  | Start Date: |  | End Date: |  |
| Teacher Name: |  | Start Date: |  | End Date: |  |

3. For each enrolled child, please fill out the following:

- Child Name**
- IFSP-Y/N** (from dropdown) or **SR Enrolled-Y/N** (CCP Only) – see pictures below
- # Days Enrolled** (from Monthly Attendance form)

Picture of HS, EHS, and EXP invoice

| # of Children | List the children below as follows:<br>A. Name of Enrolled Child receiving SR<br>B. Name of Enrolled Children w/o SR<br>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 |

IFSP - Y/N  
Please select Yes or No from the list, or N/A for Funded Slots



## Provider Invoice Instructions

Revised July 2025



Picture of CCP invoice:

| # of Children | List the children below as follows:<br>A. Name of Enrolled Child receiving SR<br>B. Name of Enrolled Children w/o SR<br>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 |
| 6             |                                                                                                                                         |             |                 |            | \$0.00 |

4. 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:
- Child Name:** 'Funded Slot'
  - IFSP-Y/N:** 'N/A' (from dropdown) or **SR Enrolled:** 'N/A' (CCP Only)
  - # Days Enrolled:** # days site was open for the month

5. 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:
- Child Name:** 'Funded Slot'
  - IFSP-Y/N:** 'N/A' (from dropdown) or **SR Enrolled:** 'N/A' (CCP Only)
  - # 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:

- Row 1: Child 1 who was enrolled 5 days (step 2)
- Row 2: Child 2 who was enrolled 10 days (step 2)
- 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:<br>A. Name of Enrolled Child receiving SR<br>B. Name of Enrolled Children w/o SR<br>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   |

6. 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.



## **Provider Invoice Instructions**

Revised July 2025



7. Please review your invoice thoroughly for accuracy, then complete:

By signing this form I certify that:

- I have examined this monthly attendance for payment reimbursement and information provided is true and correct.
- I understand that sign in/out sheets must be maintained for monitoring purposes.

Printed Name of Authorized Personnel

Signature of Authorized Personnel

Date

8. The signature date must be after completion of attendance on the final day of classes for that month and prior to submitting to 4C. Your upload to ShareFile records the date/time submitted. We are unable to accept forms completed in advance of the last class attendance for the month or forms with future dates.
9. Save and upload a PDF of your invoice(s) to ShareFile by the 3<sup>rd</sup> business day 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!