NC Pre-K Provider Invoice

This form is used to submit payment requests to your lead agency. ***All fields are required****.*

1. Under the **Invoice Information** section, enter your Provider Name, Federal Tax Identification Number, Contract Number, and the Month and Year in which services were rendered.
2. Under the **Direct Service Funds** section:
    a. In Column A, enter the classroom number(s) of each classroom that you serve.
    b. In Column B, enter the number of children served in accordance with the NC Pre-K Attendance Policy.
    c. In Column C, enter the reimbursement rate for the classroom. If a child has a partial or zero reimbursement rate due to attendance, please note this amount on a separate line.
    d. In Column D, multiply the Number of Children in Column B by the Reimbursement Rate in Column C. If a child has a zero-reimbursement rate due to attendance, please calculate on a separate line.
        i. Example: If the reimbursement rate is $719 for 16 children and $0 for 2 children, do $719 x 16 plus $0 x 2 to get your subtotal for that classroom. Invoices should match the Monthly Report.
    e. In Column E, add all the subtotals in Column D and enter the total amount in Row E.
3. Under the **Certification** section, enter your printed name, position title, signature, and date.

Invoice Information			
Provider Name: Child Care Netword 163		**Federal Tax ID:** 93-4245409	
Contract Number: 2025004		**Fiscal Year:** 2026	**Month:** June
Direct Service Funds			
A. Classroom #	**B. # of Children Served**	**C. Reimbursement Rate**	**D. Subtotal**
Classroom 01	18	$ 719.00	$ 12,942.00
Classroom _____		$	$
Classroom _____		$	$
Classroom _____		$	$
Classroom _____		$	$
Classroom _____		$	$
		E. Total:	$ 12,942.00
Certification			
As the Provider's chief executive officer, I hereby certify that the services billed to the Lead Agency in this invoice have been delivered in accordance with the conditions of the contract and that, to the best of my knowledge, we have complied with all laws, regulations, and contractual provisions that are conditions of payments under this Contract.			
Printed Name:		**Title:**	
Signature:		**Date:**	
FOR AGENCY USE ONLY			
Signature: _____		**Date:** _____	