

# North Central ESD Early Education

**PO Box 591 - 135 S. Main Street - Condon, Oregon 97823**

**Phone (877) 562-3739 - Fax: (877) 623-7309**

**Gilliam, Sherman and Wheeler Counties**

## Invoice for Payment From North Central ESD Early Education

Program Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Month/year of service \_\_\_\_\_

# of Head Start children in your program this month \_\_\_\_\_

Payment rate as stated by your Preschool Contract X \$250.00

**Sub Total** \$ \_\_\_\_\_

# Of Teachers consuming meals this month \_\_\_\_\_

X \$ 5 / Teacher X 16 days

**Sub Total** \$ \_\_\_\_\_

**Total Invoice amount** \$ \_\_\_\_\_

Signature of Preschool Director or Bookkeeper \_\_\_\_\_

Received by \_\_\_\_\_



**Who uses this form?**

- A representative from the preschool will fill this invoice out and submit it for payment to the North Central ESD Early Education Office.
- This information must be submitted by the 3<sup>rd</sup> of each month. Late submission or incomplete paperwork may result in a delay payment.

**When is this done?**

- This form should accompany the preschool's monthly teachers report at the end of each month.

Please save a blank master copy so you will be able to generate a new invoice every month.