

ATTACHMENT

Coordinated Child Care of Pinellas, Inc.

OVERLAY PROVIDER INVOICE
(to be completed per OST site)

Overlay Provider: Quest for College Site Name: City or St. Croix Date: 12-11-1990

| A Date | B Service Description | C Service Hours | D { } Fee { } Hourly | E Materials for Service | F Amount Billed |
|-------------------------|---|---|--|------------------------------------|----------------------------|
| 10/1/1990 | Materials Notebooks 50 | | \$1.25 each | | \$62.50 |
| | Pens 50 | | \$.40 each | | \$20.00 |
| | Balls 50 | | \$.60 each | | \$30.00 |
| | Graduation certificates | | \$.25 x 50 (\$25 for box of 100) | | \$12.50 |
| 10/2/1990 | Instructor Pre-Training | 2 hours | \$20 / hr x 2 | | \$40.00 |
| 12/2/1990 | Instructor 1 Instruction hours | 8 hours (for 8 sessions) | \$20 / hr x 8 | | \$160.00 |
| 12/2/1990 | Instructor 1 Planning | 4 hours (30 minutes per 8 sessions) | \$20 / hr x 4 | | \$80.00 |
| 12/8/09 | End of Program Graduation: Guest speaker | 1 hour | \$50 / hr | | \$50.00 |
| | End of Program Graduation: Food | | | | \$50.00 |
| 12/11/09 | Director: Supervision | 15 hours (for 8 week curriculum) | \$25 / hr x 15 | | \$375.00 |
| Total Billed: \$ | | | | | \$880.00 |

***IMPORTANT NOTE:**

Please submit the following to Robbin Redd #727-547-2983 the OST program: lesson attendance sheets for each session provided, OST staff / site manager / and youth evaluations, pre and post tests, and CCC Overlay Satisfaction Survey with overlay service invoice.

All documentation must be reviewed and approved by designated OST staff prior to submittal of invoice to the CCC Finance department. Thank you for your support on the above process as described in the overlay contract.

I certify that the information above is true and accurate:

Overlay Provider Signature

Date

CCC Authorized Staff Signature

Date

| | |
|--|-----------------------|
| CCC USE ONLY | |
| <input type="checkbox"/> Charge to _____ | Program/Funding _____ |