



EXHIBIT "K"

SUBRECEIPT REQUEST FOR PAYMENT FORM

Agency _____

PROGRAM: _____

This request # _____ for the month(s) _____ in the amount of \$ _____

Budget Category	Contract Not to Exceed	Year To Date Expense	Year to Date Prior Billed	Current Month Expense	Remaining Budget
Salaries & Benefits					
Contractual Services					
Client Assistance					
Operating Servies					
Retro Pay					
Total					

Budget Category	Contractual Required	Year to Date in Kind	Total In Kind reported prior	Current Month in Kind	Remaining Required In Kind
In-Kind					

I certify that the goods and/or services covered by this request have been provided to Head Start/Early Head Start children and families under the provision of the Subrecipient Agreement in accordance with the terms and conditions of the Agreement and are documented by the attachment(s).

 Authorized Signature Title Date

Please attach documentation substantiating expenditures. Reimbursement requests containing errors/ omissions will be returned to the agency for correction.

FOR LUTHERAN SERVICES FLORIDA, INC. USE ONLY

Vendor Name _____ Vendor Number _____
 PO# _____ Invoice # _____ Description _____

I certify that the goods and /or services have been received by the GRANTEE (based upon certification of agency officials; documentation is attached and subject to final audit).

Review Approved:
 Programmatic: _____ Date _____
 Fiscal: _____ Date _____