

EXHIBIT "K"

REQUEST FOR PAYMENT FORM

EDUCATOR: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

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

Budget Category	Contract Not to Exceed	Year To Date Reimbursable	Year to Date Prior Billed	Current Month Expense	Remaining Budget
Contracted Services	\$ 200,000.00	\$ 100,000.00	\$ -	\$ 100,000.00	\$ 100,000.00
Staff Planning Days	\$ -	\$ 10,000.00	\$ -	\$ (10,000.00)	\$ (10,000.00)
Staff Training Days	\$ -	\$ -	\$ -		\$ -
Staff Wellness Days	\$ -	\$ -	\$ -		\$ -
Retro Pay	\$ -	\$ -	\$ -		\$ -
<b>Total</b>	\$ 200,000.00	\$ 110,000.00	\$ -	\$ 90,000.00	\$ 90,000.00

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 EDUCATOR 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 \_\_\_\_\_

Review Approved:

Programmatic: \_\_\_\_\_

Date \_\_\_\_\_

Fiscal: \_\_\_\_\_

Date \_\_\_\_\_