EXHIBIT "L"

CHILDCARE PARTNERS INVOICE

SERVICES MONTH: _____

CENTER NAME: _____

RECEIVED FROM: _____

TO: Lutheran Services Florida, Inc

CONTRACTOR'S INVOICE

Classroom(s)	# of EHS Children	Rate Per Day	# of HS Children	Rate per day	Total per day	# of days	Total
A					$ -		$ -
B					$ -		$ -
C					$ -		$ -
D					$ -		$ -
E					$ -		$ -
F					$ -		$ -
G					$ -		$ -
H					$ -		$ -
I					$ -		$ -
J					$ -		$ -
							$ -

STAFF TRAINING/Planning Days

Staff Name	Staff Position (Ex./Director, Teacher,Teacher Asst., I/T Specialist	Director @ Hourly Rate	Teacher @ Hourly Rate	Teacher Asst. @ Hourly Rate	Infant Toddler Specialist @ Hourly Rate	# of Hours	Total
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
							$0.00
						Total	$0.00
						Grand Total	$ -

Child Care Partner Authorized Signee: I Attest that the above is accurate and correct _____

Authorized Signature: _____ Authorized Signature: _____

Title: Director of Finance **Date**_____ **Title: Executive Director** **Date** _____