

YC FIRST STEPS	PROVIDER PAYMENT AND ATTENDANCE INVOICE
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Service Period:	Week 1(M-F)	Week 2(M-F)
Provider Name	FEIN #	
City	State	Zip
Contact Person	Business Phone	
First Steps Participant	Social Security Number	

CHILDREN FOR WHOM PAYMENT IS REQUESTED

Name	Age	Service Dates	# Days Attended

REMIT INVOICES TO: York County First Steps, PO Box 969, Rock Hill, SC 29732

Invoices should be submitted every two weeks on the Monday after the service period ends.

Provider Signature	Date
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FOR YORK COUNTY FIRST STEPS USE ONLY

Date:	
	Amount:
Calculations/Memos:	YCFS Signature
	Date
	Submitted for Payment

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