

INVOICE

(YOUR PROGRAM NAME HERE)

Invoice No._____

**TO: ??? School District
Address**

Date:_____

NYS UNIVERSAL PRE-KINDERGARTEN PROGRAM

_____ Students @ \$2,500 each X 20% = _____

List of Students Enrolled as of: Date will reflect voucher due date (i.e.-Nov. 1, 2006)

List of Children Attached