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