

**RETURN TO:**  
**ST LOUIS COUNTY FSD - JENNINGS**  
**8501 LUCAS AND HUNT RD STE 110**  
**SAINT LOUIS MO 63136-1450**



**STATE OF MISSOURI**  
**DEPARTMENT OF SOCIAL SERVICES**  
**FAMILY SUPPORT DIVISION**



<b>CHILD CARE VENDOR INVOICE</b>	INVOICE DATE <b>10/20/2003</b>	INVOICE NUMBER	SERVICE MONTH <b>OCT 2003</b>
HOLIDAYS CLAIMED	PROVIDER NUMBER	CONTRACT NUMBER	RETURN BY <b>11/10/2003</b> DISP <b>N</b> ACRD <b>N</b>

**STATE MAXIMUM REIMBURSEMENT RATE IN YOUR AREA FOR CHILD CARE FAMILY**

	DAYTIME			EVENING/WEEKEND		
	FULL-DAY	HALF-DAY	PART-DAY	FULL-DAY	HALF-DAY	PART-DAY
INFANT	\$15.00	\$ 9.75	\$ 5.00	\$17.25	\$11.21	\$ 5.75
PRESCHOOL	\$13.00	\$ 8.00	\$ 5.00	\$14.95	\$ 9.20	\$ 5.75
SCHOOL-AGE	\$12.00	\$ 8.00	\$ 5.00	\$13.80	\$ 9.20	\$ 5.75

CHILD	CHILD'S ELIGIBILITY DAY: F23/H00/P00 EW: F00/H00/P00			CHILD SUBSIDY ENDS 10/31/2003			PAYMENT RATES FOR THIS CHILD DAY: F \$13.00 H \$ 8.00 P \$ 5.00 EW: F \$14.95 H \$ 9.20 P \$ 5.75																															
DCN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	FL	HF	PT	HL	AB		
DAY																																						
EW																																						

CHILD	CHILD'S ELIGIBILITY DAY: F00/H00/P00 EW: F00/H00/P00			CHILD SUBSIDY ENDS 00/00/0000			PAYMENT RATES FOR THIS CHILD DAY: F \$ 0.00 H \$ 0.00 P \$ 0.00 EW: F \$ 0.00 H \$ 0.00 P \$ 0.00																															
DCN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	FL	HF	PT	HL	AB		
DAY	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
EW	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

CHILD	CHILD'S ELIGIBILITY DAY: F00/H00/P00 EW: F00/H00/P00			CHILD SUBSIDY ENDS 00/00/0000			PAYMENT RATES FOR THIS CHILD DAY: F \$ 0.00 H \$ 0.00 P \$ 0.00 EW: F \$ 0.00 H \$ 0.00 P \$ 0.00																															
DCN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	FL	HF	PT	HL	AB		
DAY	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
EW	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

CHILD	CHILD'S ELIGIBILITY DAY: F00/H00/P00 EW: F00/H00/P00			CHILD SUBSIDY ENDS 00/00/0000			PAYMENT RATES FOR THIS CHILD DAY: F \$ 0.00 H \$ 0.00 P \$ 0.00 EW: F \$ 0.00 H \$ 0.00 P \$ 0.00																															
DCN	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	FL	HF	PT	HL	AB		
DAY	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
EW	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

CHILD	CHILD'S ELIGIBILITY DAY: F00/H00/P00 EW: F00/H00/P00			CHILD SUBSIDY ENDS 00/00/0000			PAYMENT RATES FOR THIS CHILD DAY: F \$ 0.00 H \$ 0.00 P \$ 0.00 EW: F \$ 0.00 H \$ 0.00 P \$ 0.00																															
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DAY	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
EW	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

CHILD	CHILD'S ELIGIBILITY DAY: F00/H00/P00 EW: F00/H00/P00			CHILD SUBSIDY ENDS 00/00/0000			PAYMENT RATES FOR THIS CHILD DAY: F \$ 0.00 H \$ 0.00 P \$ 0.00 EW: F \$ 0.00 H \$ 0.00 P \$ 0.00																															
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DAY	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
EW	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*

I CERTIFY THAT I, AS AN INDIVIDUAL OR AGENT OF THE CHILD CARE FACILITY, PROVIDED SERVICE TO THE CHILDREN LISTED ABOVE.

PROVIDER SIGNATURE/TITLE \_\_\_\_\_ DATE \_\_\_\_\_

LOCAL FSD DESIGNEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE COPY THIS BILLING INVOICE FOR YOUR RECORDS AND RETURN THE ORIGINAL TO THE FAMILY SUPPORT DIVISION OFFICE SHOWN ABOVE.

FOR ASSISTANCE YOU MAY CALL (314)877-2470 .