



**Attachment to invoice for Services(Title IV-E)**

Payee

**FINALIZED**

Invoice Date: 06/26/2006

Invoice Number: 2006062604FLzzzz

Florida Network of Youth and Family Services  
 2850 Pablo Avenue  
 Tallahassee, FL 32308

Daily Rate: \$110

FFP Rate:

10/1/03-9/30/04 = 0.5893

10/1/04-9/30/05 = 05890

10/1/05-9/30/06 = 05890

SS# or Pseudo ID	Name of Child (Last, First)	Number of Days	Dollar Amount	Federal Financial Participation	Period Covered
kXt01011995	test, kevin	17	\$1,870.00	\$1,101.43	07/25/2005-08/10/2005
RXC10071991	Clean, Really	163	\$17,930.00	\$10,560.77	08/20/2005-01/30/2006
<b>2 Totals</b>		<b>180</b>	<b>\$19,800.00</b>	<b>\$11,662.20</b>	

**Provider's Authorized Representative:**

I certify that the above is a true and accurate accounting of services provided.

Please sign to indicate these two actions have been preformed

\_\_\_\_\_  
 Signature Date

\_\_\_\_\_  
 VPA dates in NetMIS have been checked against the paper files and they are correct.

\_\_\_\_\_  
 (Name, Please Print or type)

\_\_\_\_\_  
 Verification of Income has been obtained.

\_\_\_\_\_  
 Title