

Completing the ECEAP A19-Invoice Voucher

Contractors will receive an A19-Invoice Voucher and an itemized funding spreadsheet with their emailed contract packages. While the A19-Invoice Voucher summarizes the total amount of compensation for all services provided within a month, the itemized funding spreadsheet shows the slot rate, monthly amount and total budget for each site and funding model (part-time, full day and extended day ECEAP services).

The A19-Invoice Voucher will be used to invoice the Department of Early Learning for monthly ECEAP services. The invoice voucher will need to be completed and submitted to the DEL by the 15<sup>th</sup> of the month following the month of service. This means that an Invoice Voucher for services which take place in September will need to be submitted to DEL by October 15<sup>th</sup>.

The A19-Invoice Voucher identifies by payment point (month) the monthly amount which contractors may invoice. To complete the A19:

1. In the "Invoice Service Period for Budget FY2015" type the month of service being billed.

<b>TO BE COM</b>
<b>Invoice Service Period for Budget FY 2015:</b>
July 2014

2. Type a "1" in the "Billed Quantity" section for the month in which services are being billed. The A19 will automatically populate the total amount of the invoice for the requested monthly payment.

Payment Points (Note)	Contract Budget	Billed Quantity	Unit	Unit Price	This Invoice Amount
1. July - Administration/enrollment	\$14,800.00	1.00	monthly	\$14,800.00	\$14,800.00
2. August - Admin, enrollment, staff development	\$14,800.00	0.00	monthly	\$14,800.00	\$0.00
3. September - Comprehensive Preschool Services	\$27,640.00	0.00	monthly	\$27,640.00	\$0.00

3. Sign and date the A19-Invoice Voucher in the "Vendor's Certificate" area.

VENDOR'S CERTIFICATE: I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise, or services furnished to the State of Washington, and that all goods furnished and/or services rendered have been provided without discrimination on the grounds of race, creed, color, national origin, sex, or age.

**BY** \_\_\_\_\_  
 (sign in ink)

\_\_\_\_\_  
 (Title) (Date)

4. Submit the Invoice Voucher to DEL either by mail or email. Please do not do both.

- **Mail to:**  
 Department of Early Learning  
 Attn: Fiscal Office  
 PO Box 40970  
 Olympia WA 98504-0970
- **Email to:** [del.fiscal@del.wa.gov](mailto:del.fiscal@del.wa.gov)