Early Learning Coalition of Northwest Florida, Inc.
Reimbursement Drop off Checklist

Provider Proper Name: _____ Reimbursement month of: _____

Provider Address: _____ Person Completing Roster: _____

Authorized Contract Official: _____

Provider to submit to the Coalition (attach in this order as applicable):

1 ____ ____ pages of SR attendance rosters
2 ____ SR Sign in/out sheets
3 ____ SR absentee excuses (list children to right)
4 ____ Rilya Wilson forms
5 ____ Parent Delinquent Co-Pays forms
6 ____ ____ pages of VPK attendance rosters
7 ____ Other: _____

Coalition will give to the Provider (as applicable):

1 ____ Attendance Roster SR
2 ____ Attendance Roster VPK
3 ____ Eligibility Redetermination Form
4 ____ Other: _____
Other: _____
Other: _____

If you need more room to list children, please attach separate page.

SR Absence Excuses Children List:

By signing below, I, the provider or representative for the provider, understand that the attendance verification / corresponding documentation submitted does not guarantee payment.
The attendance/verification (rosters) are the provider's INVOICE for payment.

By signing below, I, the employee of the Coalition, accept the paperwork submitted by the provider (or representative) and will forward this documentation as required by Coalition policy and/or procedure.

_____ _____
Coalition Signature / Date Provider Signature / Date