Provider Payment Notification

		MONTHLY		Number of	Number of	Number of						
	PARTICIPA-	TUITION	MONTH OF		scheduled		Attendance	Start Date	Termination	Final tuition		
CHILD NAME	TION	CREDIT	ATTEND	Missed	days	attended	Adjustment	Adjustment	Adjustment	amount	Date paid	General notes
Child 1	FULL DAY	\$100.00	September	0	21	21	\$0.00	\$0.00	\$0.00	\$100.00	10/1/2011 0:00	
Child 2	FULL DAY	\$354.00	September	10	21	11	(\$50.57)	\$0.00	\$0.00	\$303.43	10/1/2011 0:00	adjust for absences
Child 3	FULL DAY	\$408.00	September	0	21	21	\$0.00	(\$122.40)	\$0.00	\$285.60	10/1/2011 0:00	adjust for start date 9/10

\$689.03

SAMPLE