

CFC PROCEDURE MANUAL

Section **FAMILY FEE DETERMINATION**

Sample Family Invoice

INVOICE DATE: 06/01/06

MR AND/OR MRS TESTCASE
712 SOME DRIVE
ANYTOWN, IL 60002

Eligible Children:
Terry Testcase
Megan Testcase

Child's Name:	TERRY TESTCASE			
Child's EI #	Account #	Invoice #	Billing Month	Payment Due Date
960746	960746/01	CB900965	May 2003	06/25/03
IFSP Period		Current Charges	Minimum Payment	Account Balance
01/04/03 – 01/03/04		100.00	.00	100.00

SUMMARY OF ACCOUNT ACTIVITY

	<u>Amount</u>	<u>Date</u>	<u>Description</u>
Total Due From Last Statement	100.00		
Payment:	-100.00	05/21/03	
Charges This Month:	100.00		
Account Balance:	100.00		

MINIMUM PAYMENT CALCULATION

1. Total CBO Services Paid To Date:	253.00
2. Total Family Payments to Date:	400.00
3. Difference if line 2 less than line 1:	.00

Minimum due: .00

(lesser of line 3 or Account Balance)