

Mid-Sioux Opportunity, Inc.
Investing in Iowa Child Care



<p align="center">MAKE PAYMENT TO</p> <p>Provider: _____</p> <p>Address: _____</p> <p>Phone: _____</p>	<p>Date: _____</p> <hr/> <p>Receipts or quality activity documentation must be attached:</p> <p><small>*Payment will not be issued without receipts *If you need more space, please list on the back of this sheet</small></p>
---	--

Quantity	Description: list vendor and item as listed on the receipt.	Unit Cost	Total Actual Cost

Consultant: _____
(Signature Required)

Regional Director: _____
(Signature Required)

Total to be reimbursed to Provider	Office use only
------------------------------------	------------------------

For Internal Use Only:

Form completed by _____ Authorized by _____

Vendor _____ Post Period _____

Line Item 130-2-6600A-0000-0 Cash Code FT130