



Early Learning Coalition of the Nature Coast
Serving Citrus-Dixie-Gilchrist-Levy-Sumter Counties

PROVIDER ATTENDANCE CHECKLIST

Month: _____ Provider Name: _____

The intent of this checklist is to ensure that all attendance sheets have been processed by Client Services Counselors and to identify those that were not turned in by the provider or had no attendance to be reimbursed.

Billing Group	Processed for Payment	Closed in EFS	Notes
BG1	Yes No		
BG3	Yes No		
BG3AP	Yes No		
BG3R	Yes No		
BG3T	Yes No		
BG3W	Yes No		
BG5	Yes No		
BG8	Yes No		
BG8OP	Yes No		
ARRA	Yes No		
OTHER	Yes No		
VPK If applicable	Yes No		

Client Services Counselor Processed: _____

Peer Client Services Counselor Who Reviewed: _____

CC: _____ SR Provider Reimbursement Packet _____ (if applicable) VPK Provider Reimbursement Packet _____ Client Services Coordinator
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