

CHILD CARE INVOICE

Parent Name: _____ Parent Activity (reason for child care): _____
 Date Child Care was provided: _____ Number of Children: _____ Hourly Rate: _____
 Number of Hours/Days: _____ Total Due: _____
 Payment to be remitted to: Parent Provider
 Provider Name: _____
 Mailing Address: _____

I certify that this statement and the amounts claimed herein are true, correct, and complete to the best of my knowledge. I also certify that I am not a household member of the family being provided with child care.

PROVIDER SIGNATURE: _____
 APPROVED BY: _____ DATE: _____

Child Care Maximum Reimbursement Rate is as follows:

\$ 2.50 per hour for each child

Any expense incurred over the set reimbursement amounts, or for any reason other than those listed above is the responsibility of the parent.

FOR OFFICE USE ONLY

Voucher Number: _____ Date: _____
 Vendor Number: _____ Net Due: _____

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