Receipt

Provider's Information:

Date:

Name

Address

Telephone Number

Parent's Information:

Name

Address

Telephone Number

Name of Provider	Service	Payment Terms	Submitted Upon:
	Child Care	***Check***	

Qty	Description	Unit Price	Line Total
# of hours	***Family Team Building event as follows:***	$5.00 per child per hour	***Total cost of child care***
		Subtotal	
		Total	

Provider Signature: ***Private care provider must sign for a reimbursement to be accepted***

Parent Signature: ***Parent must sign for a reimbursement to be accepted***