

RECEIPT FOR CHILD CARE

Please file with your dependent care Expense Report

Day Care for: (Name of Children)

(From _____ to _____)

Dates of Service: _____

Dates of Service: _____

Dates of Service: _____

Dates of Service: _____

Dates of Service: _____

Provider Name (Please Print)

Provider Signature:

Total \$ _____

Received From:

(Employee Name)

Amount \$ _____

Amount \$ _____

Amount \$ _____

Amount \$ _____

Amount \$ _____

Provider SSN or Fed ID No.

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