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Rivers East WORKFORCE DEVELOPMENT BOARD



Childcare Invoice

Participant Name: _____ State ID: _____

Week of: _____ to _____

To be completed by childcare provider

Childcare Provider Name: _____ State Issued ID Number: _____

We certify that childcare services were provided for the following child(ren):

1: _____ 2: _____

On the following dates: _____ Our weekly charge for such service is \$ _____

Payment will be made directly to the childcare provider. Please include your payment information below.

Pay to: _____

Address: _____

Provider Name: _____ Provider Title: _____

Provider Signature: _____ Date: _____

To be completed by participant

I certify that the above stated childcare services were received as stated. I understand that if I knowingly falsify information or withhold information to qualify for reimbursement for which I am not entitled, I will be subject to penalties provided for fraud.

Participant Signature: _____ Date: _____

To be completed by Career Advisor

Amount to Be Reimbursed: \$ _____ Fund Code: _____

This document serves as authorization to make childcare services payments. I have made the computations based on the information given to me by the childcare provider and the participant and it appears to be an accurate representation of the services provided during the period indicated.

Staff Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____