

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
		0.1	
		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