

Kids in Care: Job Search Support

All Care About Childcare programs are funded by the Federal Child Care and Development Fund, the Department of Workforce Services, and the Office of Child Care.

Invoice for Child Care Services

Provider's Name:	Date:					_	
Address:		· · · · · · · · · · · · · · · · · · ·				_	
Phone Number:						_	
Dear Child Care Provider, Invoices must be submitted † Service Society by the 5 th of							re at Children's
Return invoice along with s the address below. Payment							
	Cai		t 4500 Solke City, U	outh # 200 JT 84107	0		
Parent's Name:							
Child's Name	Age	Date of Service	Time of Service		(a) Hours Charged Birth-Age 3	(b) Hours Charged Age 4+	OFFICE USE ONLY
					(a)Total hours x \$8.50 =	(b)Total hours x \$8.00 =	
		Invo	oice tot	al:			