

Dependent Day Care Receipt

Received from: _____ Amount: _____

Description of Day Name(s) of dependent(s)
Care Services: _____ receiving care: _____

Dates of Service: _____

Are you, the Day Care Provider, related to the participant? Circle one Yes No
If Yes, describe: _____

Signature of day care provider: _____

Day Care Provider's tax ID # or SS #: _____

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