

RECEIPT FOR DAY CARE EXPENSES

I, the undersigned, hereby acknowledge receipt of payment for day care for the individuals set forth below for the dates indicated:

Dependents: _____

| SERVICES PROVIDED (LIST DATES) | | NAME OF PROVIDER | SSN OR TAX ID # OF PROVIDER | AMOUNT |
|-----------------------------------|-------|---------------------|-----------------------------------|----------|
| FROM | TO | | | |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| | | | TOTAL: | \$ _____ |

Provider's Name (Printed) _____ Date: _____

Provider's Signature _____