

Dependent Care Travel Awards Childcare Receipt

Caregiver: _____ Payee/ Faculty: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Date of payment: _____

Date	Hours	Amount/Hour	Total Cost
			\$
			\$
			\$
			\$
			\$
Total expense for childcare:			\$

Please sign below to confirm that above amount for childcare was paid in full.

 Caregiver signature

 Date

If additional time is needed, please notate in similar detail below the signature line or on a separate page, entering the grand total in "Total expense for childcare".