

**UNIVERSITY OF OREGON CHILD CARE SUBSIDY**  
**Alternative Receipt Documentation Form**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian (Payer) Name: \_\_\_\_\_

Child Care Provider (Payee) Name: \_\_\_\_\_

Date(s) Service Provided: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ (max. 31 days)

Child #1 Name: \_\_\_\_\_ Charges: \$ \_\_\_\_\_  
(First Last)

Child #2 Name\*: \_\_\_\_\_ Charges: \$ \_\_\_\_\_  
(First Last)

Child #3 Name\*: \_\_\_\_\_ Charges: \$ \_\_\_\_\_  
(First Last)

Discount\*: \$ \_\_\_\_\_

Credit\*: \$ \_\_\_\_\_

\*If applicable

**Total Amount Paid: \$** \_\_\_\_\_

Date Paid: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Child Care Provider/Administrator (Payee)**

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I, \_\_\_\_\_ (print first and last name), certify that the information above is accurate and true.

Signature: X \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Parent/Guardian (Payer)**

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I, \_\_\_\_\_ (print first and last name), certify that the information above is accurate and true.

Signature: X \_\_\_\_\_