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)

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

Signature: X______________________________ Phone Number: __________________________

Parent/Guardian (Payer)

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

Signature: X______________________________