

Childcare Provider Payment Form

Provider Information	Childcare Service Details
Name:	Date Worked:
_____	_____
Address:	Hours Worked:
_____ _____ _____ _____	_____ _____
Telephone:	Hourly Rate
() _____ - _____	_____

Total Amount Paid: _____

I was paid in full for my services: _____ _____
Signature Date

[Attach copy of check or photo copy below]