

# Daycare Provider Receipt



Company Name  
3917 Water Street, Walnut Creek  
California 123  
Phone No: 5698-5236-45

Employee Name: \_\_\_\_\_

Day Care Provider's Name: \_\_\_\_\_

Providers EID #: \_\_\_\_\_

Providers Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Day Care Services Provided For:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Services

From: \_\_\_\_\_ To: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Services

From: \_\_\_\_\_ To: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Services

From: \_\_\_\_\_ To: \_\_\_\_\_ Amount Paid: \_\_\_\_\_