

# CHILD CARE INVOICE

Resident must fill out all information requested and give this form to House Manager to verify and sign and deliver it or fax it to the main office.

From: \_\_\_\_\_  
Provider Name Social Security No. or Employer ID No.  
\_\_\_\_\_  
Street Address CA Dept of Social Services License Number  
\_\_\_\_\_  
City, State & ZIP Code Telephone Number

Childcare  
Services Provided:

\_\_\_\_\_  
Name (s) of Child (ren)  
\_\_\_\_\_  
Name of Mother Number of Days  
\_\_\_\_\_  
For the Week Ending Amount Due to Provider

I acknowledge the above information to be true, complete and accurate.

\_\_\_\_\_  
Signature of Mother Date  
\_\_\_\_\_  
Approved by House Manager Date

Please use a separate invoice for each family. A check will be issued immediately upon receipt of this invoice in our office. The Sheepfold is responsible only for payment for the time period a resident is in our program. Our office will notify you immediately when the resident leaves.

The Sheepfold Office Use Only

Check Printed by: \_\_\_\_\_ Check #   
\_\_\_\_\_  
Initials Date