



CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office
<http://dhss.alaska.gov/dpa/Pages/ccare>

Office Use Only

MONTHLY TIP LEDGER

Family's Parent Name:	Month/Year:	ICCIS Case Number, if known:
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Use the ledger below to record tips you have received which are not listed on your paystub or payroll statement.
Complete a separate Monthly Tip Ledger for each month of income.

Date Received	Amount of Credit Card/Cash Tips

I certify the information in this Monthly Tip Ledger is correct and complete.

Signature of Family's Parent: _____

Date: