

Vendor ID: \_\_\_\_\_

# Fort Belknap Child Care Report and Bill

Child Care Provider Timesheets

Parent(s) Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Invoice Dates \_\_\_\_\_

(MM/DD/YYYY)

**Please Check One**

- Special Needs Child
- Infant/Toddler Child (0M-2Y)
- Pre School Child (3-5)
- School Age Child (6-12)

**Half Day(0-5Hrs)/Full Day(6-9Hrs)**

Special Needs Child	\$28	\$40
Infant/Toddler Child	\$38	\$50
Pre School Child	\$20	\$30
School Age Child	\$19	\$28

Date: (MM/DD)	Half Day/Full Day	Hours Billed	Amount Billed	Amount Approved
<b>TOTALS:</b>				

Provider Signature \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_