



# NORTHWEST PRIVATE INDUSTRY COUNCIL

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WWW.NWPIC.NET

## CLIENT CHILDCARE INVOICE

Month: \_\_\_\_\_ Child #1 \_\_\_\_\_ #4 \_\_\_\_\_  
 Client Name: \_\_\_\_\_ #2 \_\_\_\_\_ #5 \_\_\_\_\_  
 #3 \_\_\_\_\_

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Invoice Dates: \_\_\_\_\_ to \_\_\_\_\_

**PLEASE PRINT** Day Care Provider Info.

Approved Rate: \$ \_\_\_\_\_  
(Use appropriate line only)

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

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

\_\_\_\_\_ Hours  
 \_\_\_\_\_ Days  
 \_\_\_\_\_ Weeks  
 \_\_\_\_\_ Months

Phone: \_\_\_\_\_

Social Security Number \_\_\_\_\_

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

Daycare Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that this is the total of hours I have provided care to the child(ren) listed on this invoice and that I am NOT being reimbursed through another agency or individual for any amount claimed.

Client Signature \_\_\_\_\_

Date \_\_\_\_\_