BABYSITTING RECEIPT Date Services Used Start & End Time Crossroads X \$6.50 per hour = \$Number of Children Rate Subtotal Number of **Total** (Maximum of \$65 per child per Hours day or \$195 per home per day) Total Amount Submitted for Reimbursement for Services = Actual Amount Paid for Services (for tracking purposes) = Participant Signature **BABYSITTER INFORMATION** (must be completed in full) PRINT NAME _____ PHONE: ADDRESS: CITY, POSTAL CODE SIGNATURE _____ **BABYSITTING RECEIPT** Start & End Time Date Services Used Crossroads X \$6.50 per hour = \$**Total** (Maximum of \$65 per child per Number of Children Rate Subtotal Number of Hours day or \$195 per home per day) Total Amount Submitted for Reimbursement for Services = Actual Amount Paid for Services (for tracking purposes) = Participant Signature _____ **BABYSITTER INFORMATION** (must be completed in full) PRINT NAME _____ ADDRESS: CITY, POSTAL CODE SIGNATURE BABYSITTING RECEIPT Start & End Time Date Services Used Crossroads X \$6.50 per hour = \$ X Number of Children Rate Subtotal Number of **Total** (Maximum of \$65 per child per Hours day or \$195 per home per day) Total Amount Submitted for Reimbursement for Services = Actual Amount Paid for Services (for tracking purposes) = Participant Signature **BABYSITTER INFORMATION** (must be completed in full) PHONE: PRINT NAME _____ ADDRESS: SIGNATURE _____ CITY, POSTAL CODE