

BABYSITTING RECEIPT



Date Services Used _____ Start & End Time _____
_____ X \$6.50 per hour = \$ _____ X _____ = \$ _____

<i>Number of Children</i>	<i>Rate</i>	<i>Subtotal</i>	<i>Number of Hours</i>	Total (Maximum of \$65 per child per day or \$195 per home per day)
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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: _____

CITY, POSTAL CODE _____ SIGNATURE _____

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