

*Athens County Children Services
Foster Care Day Care
Receipt*

Day Care Provider: _____ *Date:* _____

On the above date, I received payment in the amount of: _____

From: _____

Signature of Day Care Provider: _____

Approved by ACCS: _____

Outline dates and times for "each" child

<i>Child's Name</i>	<i>Date</i>	<i>Hours (from - to)</i>	<i>Total hrs</i>	<i>@ Rate</i>	<i>Total Paid</i>

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