**Child Care Invoice**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Parent/Guardian Name:**   |  |  |  | **Purchase Order #:** |  |  |
| **Vendor Name**:  |  |  |  | **Month/Year:**  |  |  **/** |
| **Address:** |  |  |
| **City:** |  | **State:** |  | **ZIP:** |  |
| **Phone #:** |  |  |  | **Email:** |  |  |

**Instructions:** Fill in the number of hours provided for each child per day. If charging by the day, write/type “D” in the corresponding box.

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| **Name of Child(ren)** | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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*\*\*\* Only invoices completed in* ***ink*** *can be accepted. Initial all corrections and whiteouts.\*\*\**

**Totals:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Days**  | **@** | **$** | **per day** | **=** | **$** |
|  | **Hours** | **@** | **$** | **per hour** | **=** | **$** |
| **Total amount billed** |  | **$** |

Vendor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant/ Parent: Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please note:*** *Each vendor must provide a completed W-9 for a one-time set up, prior to or with first invoice.*

Return invoice to checked location:

|  |  |  |
| --- | --- | --- |
|[ ]  **SkillSource – Wenatchee**233 N Chelan AvenueWenatchee, WA 98801(509) 663-3091 |[ ]  **SkillSource – Moses Lake/Othello**309 E Fifth Avenue Suite BMoses Lake, WA 98837(509) 766-6300 |[ ]  **WorkSource Okanogan**PO Box 3759Omak, WA 98841(509) 826-7310 |