

RECEIPT

FROM

Your business name _____
Address _____
Phone · email _____

RECEIVED FROM

Client name _____
Client address _____
Phone · email _____

RECEIPT #

DATE PAID

FOR INVOICE #

PROVIDER TAX ID (EIN)

LICENSE #

PAYMENT METHOD

CHILD(REN)

DESCRIPTION	QTY × RATE	AMOUNT
Tuition: child, dates of care		
Second child, dates of care		
Registration / supply fee		
Late pickup		
Meals		
Discount (sibling, prepay)		

NOTES

Received with thanks. This receipt is issued for the care dates shown and may be used for the child and dependent care credit (IRS Form 2441) and employer dependent care reimbursement.

Amount received

Balance remaining

TOTAL PAID