RECEIPT FOR CHILD CARE EXPENSE

Foster Care Provider Name	
Address	
City/State/Zip	
# of children	Date(s) Service Provided

MUST SHOW ACTUAL AMOUNT PAID

MAXIMUM Hourly Rate: $ 3.00
MAXIMUM Daily Rate: $ 30.00 (applies to overnight also)

Please complete the following:

___ hours childcare @ $ _____ per hour = $ _____

___ days childcare @ $ _____ per day = $ _____

Name of Child Care Provider
Phone #

FOSTER CARE PROVIDER: For reimbursement, return original to

Children & Family Services Training Center
University of North Dakota
400 Oxford Street STOP 7090
Grand Forks, ND 58202-7090