

# PAYMENT RECEIPT

Payment received: \$

Date:

## PROVIDER INFORMATION

Provider/business name

Street address

City

State

Zipcode

Phone number

## SERVICE DETAIL

Client name

Child name(s)

Service description:

Service Rate  Per hour  Per day

SERVICE DATE	HOURS (IF APPLY)		RATE	SUBTOTAL
	From	To		
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

**TOTAL \$**

I certify that the above is true. I have provided the services and received the payment from my client.

Provider signature

Date