

# AmeriCorps Childcare Attendance Sheet Invoice



Member Name: John Doe Member E-Mail Address: johndoe@gmail.com  
 Provider Name: Ms. Rodriguez Provider Telephone #: 220-222-2222  
 Month of Care: MAY Year of Care: 2013 State: CA

TABLE A: CHILDREN IN CARE		
Child Name	Age	Rate for this child (ex: \$100/weekly)
1. John Doe Jr.	2	\$175
2.		
3.		
4.		

\*Please type the letter "A" for days that your child is absent or sick, type "H" for Holidays and "W" for weekends\*

TABLE B: Fill in the # of hours each day care was provided																
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Child 1:	6	6	6	w	w	6	6	6	6	6	w	w	6	6	6	
Child 2:																
Child 3:																
Child 4:																
Days of the Month	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Child 1:	6	6	w	w	6	6	6	6	6	w	w	A	A	A	6	6
Child 2:																
Child 3:																
Child 4:																

TABLE C: INVOICE CHARGES	
WEEK 1	\$ 105.00
WEEK 2	\$ 175.00
WEEK 3	\$ 175.00
WEEK 4	\$ 175.00
WEEK 5	\$ 70.00
<b>TOTAL INVOICE CHARGES</b>	<b>\$ 700.00</b>

X M Rodriguez  
 Provider Signature

May 30, 2013  
 Date

I certify that the provider information and attendance record entered on this attendance sheet are true and accurate. I understand that my payment will be in accordance with the CCDF Block Grant program guidelines for my state. I further understand that any misrepresentation of information may result in legal action.

X John Doe  
 Member Signature

May 30, 2013  
 Date

I certify that the information provided above and the attendance records entered on this attendance sheet are true and accurate. I understand that my payment will be in accordance with the CCDF Block Grant program guidelines for my state. I further understand that any misrepresentation of information may result in legal action.

**\*Upon receipt of a completed Attendance Sheet, payment will go out in the form of a check within 15-30 Business Days. (Incomplete attendance sheets will NOT be processed)**