

The 125Company, Inc.
Day Care Provider Receipt



Employee Name: _____ Social Security Number _____

Day Care Provider's or Facility Name: _____

Providers EID# or SS#: _____

Providers Address: _____

City: _____ State: _____ Zip Code: _____

Day Care Services Provide For:

Name: _____ Age: _____

• **Date Services Incurred:**

From: _____ To: _____ Amount Paid: \$ _____

Name: _____ Age: _____

• **Date Services Incurred:**

From: _____ To: _____ Amount Paid: \$ _____

Name: _____ Age: _____

• **Date Services Incurred:**

From: _____ To: _____ Amount Paid: \$ _____

Name: _____ Age: _____

• **Date Services Incurred:**

From: _____ To: _____ Amount Paid: \$ _____

• **Day Care Provider's Signature:** _____ **Date:** _____