



West Virginia Department of Health and Human Resources Child Care Payment Form Instructions

Billing – Child Care Fees No. _____	Receipt – Child Care Fees No. _____
Date: _____	Date Received: _____
To: _____	Received From: _____
Time Period Covered: _____	Time Period Covered: _____
Daily Fee: _____	Amount Due: _____
Total Fee: _____	Amount Paid: _____
Date Payment Due: _____	Balance Due: _____
From: _____	Received by: _____

Billing – Child Care Fees No. _____	Receipt – Child Care Fees No. _____
Date: _____	Date Received: _____
To: _____	Received From: _____
Time Period Covered: _____	Time Period Covered: _____
Daily Fee: _____	Amount Due: _____
Total Fee: _____	Amount Paid: _____
Date Payment Due: _____	Balance Due: _____
From: _____	Received by: _____

Billing – Child Care Fees No. _____	Receipt – Child Care Fees No. _____
Date: _____	Date Received: _____
To: _____	Received From: _____
Time Period Covered: _____	Time Period Covered: _____
Daily Fee: _____	Amount Due: _____
Total Fee: _____	Amount Paid: _____
Date Payment Due: _____	Balance Due: _____
From: _____	Received by: _____

Billing – Child Care Fees No. _____	Receipt – Child Care Fees No. _____
Date: _____	Date Received: _____
To: _____	Received From: _____
Time Period Covered: _____	Time Period Covered: _____
Daily Fee: _____	Amount Due: _____
Total Fee: _____	Amount Paid: _____
Date Payment Due: _____	Balance Due: _____
From: _____	Received by: _____