

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