

MAIL TO: SC Child Care Council PO Box 186, Ferndale, NY 12734		Sullivan County Dept. of Health and Family Services PO Box 231, Liberty, NY 12754 Rev: 4 2024	
Vendor Name:		Client Name:	
Vendor Phone Number:	Case #: PA or SUBSIDY		
Vendor MAILING Address Street: City: State: Zip:		Client PHYSICAL Address: Street: City: State: Zip:	
Vendor #:	Child's Name:	Child's DOB:	# of Children In Family:
	Co-Pay Paid? Yes _____ No _____	Child's Current Age:	_____ Foster Care
EXPIRATION DATE: Payments <i>may not</i> be processed if timesheet is received <u>60 days</u> or more after last date of care shown below.		Care provided prior to this pay period? _____ Yes _____ No	

Date	Day of the Week	Begin Time	End Time	Must Note All Absences/Closures (ex: Absent - sick, Closed - holiday)
/ 1 /		AM PM	AM PM	
		AM PM	AM PM	
/ 2 /		AM PM	AM PM	
		AM PM	AM PM	
/ 3 /		AM PM	AM PM	
		AM PM	AM PM	
/ 4 /		AM PM	AM PM	
		AM PM	AM PM	
/ 5 /		AM PM	AM PM	
		AM PM	AM PM	
/ 6 /		AM PM	AM PM	
		AM PM	AM PM	
/ 7 /		AM PM	AM PM	
		AM PM	AM PM	
/ 8 /		AM PM	AM PM	
		AM PM	AM PM	
/ 9 /		AM PM	AM PM	
		AM PM	AM PM	
/ 10 /		AM PM	AM PM	
		AM PM	AM PM	
/ 11 /		AM PM	AM PM	
		AM PM	AM PM	
/ 12 /		AM PM	AM PM	
		AM PM	AM PM	
/ 13 /		AM PM	AM PM	
		AM PM	AM PM	
/ 14 /		AM PM	AM PM	
		AM PM	AM PM	
/ 15 /		AM PM	AM PM	
		AM PM	AM PM	

Client/Recipient: I the undersigned certify that the above listed goods and services were received by me on (dated _____) in a satisfactory manner and in serviceable condition. Signature: _____ Date: _____	Office Use Only	
	Total	
Vendor Certification: I the undersigned, hereby certify that the items shown above are correct and that the materials and services therein have actually been furnished or performed by me and that no part of the claim has been paid or satisfied and that there has been compliance with the Title VI of the Federal Civil Rights Act of 1964 in furnishing these supplies and services. Signature: _____ Date: _____	Recommended By:	Date:
	Authorized By:	Date:
	Audited By:	Date: