

MAIL TO: SC Child Care Council PO Box 186, Ferndale, NY 12734			Sullivan County Dept. of Health and Family Services		
Vendor Name:			PO Box 231, Liberty, NY 12754		
Vendor Phone Number:			Rev: 2 2017		
Case#: PA or SUBSIDY		Client Name:			
Vendor MAILING Address:			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 <u>may not</u> be processed if received <u>60 days</u> 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	Notes (ex: sick day – snow day)	
/ 16 /		AM PM	AM PM		
		AM PM	AM PM		
/ 17 /		AM PM	AM PM		
		AM PM	AM PM		
/ 18 /		AM PM	AM PM		
		AM PM	AM PM		
/ 19 /		AM PM	AM PM		
		AM PM	AM PM		
/ 20 /		AM PM	AM PM		
		AM PM	AM PM		
/ 21 /		AM PM	AM PM		
		AM PM	AM PM		
/ 22 /		AM PM	AM PM		
		AM PM	AM PM		
/ 23 /		AM PM	AM PM		
		AM PM	AM PM		
/ 24 /		AM PM	AM PM		
		AM PM	AM PM		
/ 25 /		AM PM	AM PM		
		AM PM	AM PM		
/ 26 /		AM PM	AM PM		
		AM PM	AM PM		
/ 27 /		AM PM	AM PM		
		AM PM	AM PM		
/ 28 /		AM PM	AM PM		
		AM PM	AM PM		
/ 29 /		AM PM	AM PM		
		AM PM	AM PM		
/ 30 /		AM PM	AM PM		
		AM PM	AM PM		
/ 31 /		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 (BLUE INK ONLY): _____ Date: _____ Vendor Certification: I the undersigned, herby 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 (BLUE INK ONLY): _____ Date: _____			Office Use Only		
			Total		
			Recommended By:		Date:
			Authorized By:		Date:
Audited By:		Date:			

