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|--|-----------------|---------------------|----------------------|---|--|--------------------------|--|
| 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 | | | |
| Rev: 4 2024 | | | | | | | |
| Vendor Phone Number: | | | 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 may not be processed if timesheet is received 60 days 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) | | | |
| / 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. | | | | Office Use Only | | | |
| | | | | Total | | | |
| Signature: Date: | | | | Recommended By: | | 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. | | | | Authorized By: | | Date: | |
| | | | | Audited By: | | Date: | |
| Signature: Date | | | | | | | |

