

INVOICE

IRS CHILD CARE SUBSIDY PROGRAM 2003

Month: _____

Year: _____

Childcare Provider Name: _____

IRS Employee (Parent) Name: _____

Child1 Name: _____

Child2 Name: _____

Please indicate the total child care charges for services rendered for each week during the month:

Week 1 Total Charges for Services Rendered: _____

Week 2 Total Charges for Services Rendered: _____

Week 3 Total Charges for Services Rendered: _____

Week 4 Total Charges for Services Rendered: _____

Week 5 Total Charges for Services Rendered: _____

Total Charges for the Month: _____

I certify that I am a full-time or part-time permanent IRS employee, (employees working a seasonal work schedule are also included), that my EOD is correct, my total family adjusted gross income did not exceed \$45,000 and that the child/children listed above receive care in a licensed child care facility. I understand that any assistance I receive from this program may be taxable income. I will notify First Financial Associates in writing if and when my child/children are no longer enrolled in the child care facility listed on this application. I understand I must reapply for child care subsidy should my child care arrangements change. I have provided a copy of my most recently filed Federal tax return and a copy of my most recent statement of earning and leave. I understand that it is a Federal crime under United States Code 18, Section 1001, to make a false statement on this form. If I make a false statement, I agree to be subject to criminal prosecution and punishment including a fine, imprisonment, or both. In addition, I may be subject to administrative punishment, including the termination of my federal employment.

I certify that the above information is true and correct to the best of my knowledge.

Parent Signature: _____ Date: _____

Provider Signature: _____ Date: _____

Provider Title: _____ Date: _____