



SAN MATEO COUNTY COMMUNITY COLLEGE DISTRICT

3401 CSM Drive ~ San Mateo ~ California 94402

College of San Mateo

Cañada College

Skyline College

CHILD CARE ATTENDANCE SHEET/INVOICE

ENC#:

PROVIDER INFORMATION

STUDENT/PARENT INFORMATION

Name:			Name:		
Address:		City:	Address:		City:
State:	Zip:	Phone:	State:	Zip:	Phone:
Social Security #:		EIN #:	G #:		
Business Name (If EIN #):			Child's Name:		

Period/Month:

Rate per hour/day:

I provided child care for the child as indicated above.

Provider's Signature:

Date:

Parent's Signature:

Date:

FOR OFFICE USE

Approved hours:

Approved Reimbursement:

Staff has reviewed and authorized payment:

Date:

College Budget Officer's Approval:

Date:

Account #: