



INVOICE FOR PENN STATE STUDENT-PARENT CHILDCARE SUBSIDY

SEND REMITTANCE TO:

CHILD CARE FACILITY NAME & ADDRESS:

TAX ID #:

BILL TO: The Pennsylvania State University
 Childcare Subsidy Program
 The Child Care Center at Hort Woods
 499 North Allen Rd.
 University Park, PA 16802
 Fax: 814-865-5080
 Email: subsidy@psu.edu

MONTH:

Parent/Guardian Name	Child(ren) Name(s)	Amount of Subsidy
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Comments: Please submit this invoice no later than the 6 th of the month for services provided in the preceding calendar month. This invoice may be emailed with a written or electronic signature.		<u>TOTAL AMOUNT DUE:</u> \$

Director of Billing Signature

Date

For Admin Use Only

<input type="checkbox"/> CCAMPIS \$ _____ <input type="checkbox"/> SIF \$ _____ <input type="checkbox"/> Provost \$ _____ <input type="checkbox"/> SIF (Campus) _____ \$ _____	NOTES: _____ _____ _____ _____
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