

**INVOICE FOR PENN STATE  
STUDENT-PARENT CHILD CARE SUBSIDY**



**SEND REMITTANCE TO:**

**CHILD CARE FACILITY NAME & ADDRESS:**

**TAX ID #:**

**BILL TO: The Pennsylvania State University  
Child Care Subsidy  
Program The 331 Building,  
Suite 220 University Park,  
PA 16802 Fax:  
814-863-4872  
Email: [subsidy@psu.edu](mailto:subsidy@psu.edu)**

**MONTH:**

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

Director of Billing Signature

Date

For Admin Use Only

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