

**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
4th Floor James M. Elliott Building
University Park, PA 16802
Fax: 814-865-6820
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.		TOTAL AMOUNT DUE: \$

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)	\$ _____	