



Childcare Provider Monthly Invoice and Attendance

Invoice

Provider Name: _____ Address: _____ Phone: _____
 Email: _____ Tax ID or SSN: _____ License #: _____ Pay Period (mo./yr.): _____

Parent Name	Child's Name	Total Time	Amount Owed*

*Amount owed will not exceed the student's monthly allotment of the grant; check student award letter for details.

Total Amount Owed: _____

Attendance: Please record the days when the child was in attendance at your facility. Please mark using a P (present) or a check mark, or A (absent), S (sick), C (facility closed).

Child's Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Preparer's Signature: _____ Printed Name: _____ Date: _____

Remit to: Financial Aid,
bccfinancialaid@brunswickcc.edu
 910.755.7322
 Due by last day of the month

Brunswick Community College does not discriminate on the basis of race, religion, color, national origin, gender, gender expression, age, political affiliation, genetic information, sexual orientation, or disability.

PO Box 30
 Supply, NC 28462