

# Childcare voucher





**Section 1 – Student Details**

Student Name	
Address	
Telephone No.	
Name of Child (No. 1)	
Name of Child (No. 2)	

**Section 2 – Provider Details**

Name of Childcare Provider		
Address:		
Email Address		
Tel. No.		
Hourly Rate		Daily Rate

**Section 3 – Sessions Used (T = Time of Session S = Signature of Lecturer)**

Verification of attendance at Child Care Provider			Verification of attendance at College				
	Drop-Off Time	Pick-Up Time	AM Sessions (start and finish time)		PM Sessions (start and finish time)		
Monday			T			T	
			S			S	
Tuesday			T			T	
			S			S	
Wednesday			T			T	
			S			S	
Thursday			T			T	
			S			S	
Friday			T			T	
			S			S	

Total Hours  Week Commencing-Monday  Childcare Providers Signature

**Ensure vouchers are completed in full and forwarded to the Finance Department or financial.support@derwentside.ac.uk on a weekly basis; incomplete vouchers may result in late or non-payment.**

**Section 4 – For Office Use Only**

Hourly Rate  Daily Rate  Total Amount Payable  BACS Payment Date