Childcare Voucher





Section 1 – Student Details					Se	Section 2 – Provider Details					
Student Name					Name of Childcare Provider						
Address						ddress:					
Telephone No.					E	mail Address					
Name of Child (No. 1)					Te	el. No.					
Name of Child (No. 2)					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				Т				
	,	,	S				S				
Tuesday			T				Т				
	T	T	S				S				
Wednesday			T				T				
	T	Т	S				S				
Thursday			T				T				
E:I	<u> </u>		S				S T				
Friday			S				S				
			3				<u> </u>				
Total Hours	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 Pay							S Pavmen	t Date			
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