Childcare Voucher





Section 1 – Student Details					Section 2 – Provider Details				
Student Name		Jenny Jones			Name of Childcare Provider Address: Email Address Tel. No.		M Poppins		
Address		22 John Street					44 John Street, Consett, Co Durham		
		Consett, Co Durham, DH8 0ZZ					DH8 OZZ		
Telephone No.		01207 555555					mpoppins@gmail.com 01207 566666		
Name of Child (No. 1)		John Jones							
Name of Child (No. 2)					Hourly Rate		£5.00 Daily Rate		
Section 3 – S	essions Used (T =	Time of Session S = Si	gnature	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)		art and finish time)	PM Sessions (start and finish time)			
Monday	8.30 am	4.30pm	T	9.00 - 10.30	11.00 - 12.00 T		1.00 - 2.30	2.45 - 4.00	
			S	A Teacher	T White S		D Black	A Teacher	
Tuesday	9.00am	4.00рт	T	9.30 - 11.30	T		1.30 - 3.30		
			S	B Brown	S		A Teacher		
Wednesday	8.30 am	5.00pm	T	9.00 - 10.00	10.30 - 12.00 T		1.30 - 3.00	3.15 - 4.30	
			S	A Teacher	D Black S		T White	A Teacher	
Thursday	12.30рт	5.00pm	T		T		1.00 - 3.00	3.15 - 4.30	
			S		S		B Brown	B Brown	
Friday	8.30am	12.30pm	T	9.00 - 12.00	Т				
			S	A Teacher	S				
Total Hours	32 hours	Week Commencing-	Monday	e.g. 06/09/23	Childcare Providers Signature M. Poppins				
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			to the F	inance Departme	ent or financial.support@dery	<u>ventsid</u>	e.ac.uk on a weekly	basis, incomplete	
vouchers may	result in late or n	on-payment.							
Section 4 – F	or Office Use Onl	v							
		<i>y_</i>					-		
Hourly Rate		Daily Rate		Total	al Amount Payable		BACS Paymen	nt Date	