## Childcare Voucher





Section 1 – Student Details			Section 2 – Provider Details				
Student Name			Name of Childcare Provi	der			
Address			Address:	uci			
Telephone No.			Email Address				
Name of Child (No. 1)			Tel. No.				
Name of Child (No. 2)			Hourly Rate			Daily Rate	,
Section 3 – Sessions Used (T = Time of Session S = Signature of Lecturer)							
Section 3 – Sessions Used (1 – Time of Session 5 – Signature of Lecturer)							
Verification of attendance at	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							
W 1 D 1							
Hourly Rate Daily Rate Total Amount Payable BACS Payment Date							