Washington County Child Care Invoice

Submit completed invoices to: Washington County Dept. of Job and Family Services, Social Services Unit
1115 Gilman Avenue Marietta, OH 45750

Please fill in circles completely and write responses in CAPITAL LETTERS using BLACK INK without touching the sides.

● A B C D E F G H I J K L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9

Begin Date (MM/DD/CCYY) / / End Date (MM/DD/CCYY) / / Paycode Provider ID (no dashes)

Parent's Last Name First Initial Parent's Social Security Number - -

Child's Last Name Child's First Name Child ID

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❖ Activity Fee Transportation Deposit Registration Other Fee

I certify that I have received the services indicated in this invoice.

Parent Signature **Date** (MM/DD/CCYY) / /

I certify the charges for services shown on this invoice are correct and in accordance with the terms of the agreement. My signature means I understand that the law provides a penalty upon conviction for claiming or accepting payment for services not given.

Provider Signature **Provider Name** **Date** (MM/DD/CCYY) / /

The Washington County Department of Job and Family Services requires that all monthly invoices for Social Services be turned into the agency for payment no later than 60 days after the last date of services. Failure to do this may result in no payment for the services rendered.

Rev 1 **FORM ID: M** **WCDJFS**