RESOURCE CENTER for STUDENTS with CHILDREN

Portland State UNIVERSITY

Provider Invoice for PSU Student Jim Sells Subsidy Recipient

This for is only to be used if the provider does not offer a billing statement/invoice to parents using their services. Please submit one invoice per childcare provider after care has been provided. Once all documents are received, processing the Jim Sells payment will take 2-3 weeks. For questions call 503-725-9878 or email **jimsells@pdx.edu**

Please fill in the date range of childcare provided below			
Beginning from		to	
Parent Name			
Provider Name		**Provider Phone #**	
Provider Email			

In order to accurately calculate your award, we need to know the rates for your childcare. Please indicate the rate for each child, separating any combined rate. We need to know how many days are covered, and if they are full or half days. Full days are at least 5 hours per day.

Example: Two children received care from this provider. One child received care five days a week, 10 hours each day and is on a monthly rate of $750. The other child receives care before and after school and on school closure days, this child is on an hourly rate of $7/hour.

Child's Name	**Rate**	**How is your rate billed? Please check only one per child**				**# of Days**	**# of Hours per Day**	**Total hours**
		Monthly	*Weekly*	*Daily*	*Hourly*			
Cindy Smith	*$7*				√	*20*	*4*	*80*
Carly Smith	*$750*	√				*20*	*10*	*200*

Please fill in your childcare information below

Child's Name	**Rate**	**How is your rate billed? Please check only one per child**				**# of Days**	**# of Hours per Day**	**Total hours**
		Monthly	*Weekly*	*Daily*	*Hourly*			

Payment Information (including estimated future payments	**Amount**	**Date Received**
Total cost of care for the time period stated above		
Expected/Received third party payments or discounts (i.e. family discount, ERDC, or other subsidy)		
Total Payments from Parents(s) or Guardian(s)		
Balance Due		

Your signature below indicates the above information is true, correct, and complete. Misrepresentations may result in immediate termination of Jim Sells awards.

Provider Signature		**Date**	
Parent Signature		**Date**	