



CARES FUND CHILDCARE RECEIPT

EMPLOYEE NAME: _____

DATE: _____

This receipt serves as certification that the below named provider has provided and was paid for childcare services by the employee listed above, for the period of _____ through _____; in the amount of \$ 12.00 per hour for _____ number of hours for a total payment of \$ _____.

This is accordance with The Klamath Tribes standard operating procedure for Childcare Reimbursement (CARES funding) for applicable childcare services. By signing, I certify that the information provided is correct.

Employee Signature: _____

Provider Name (print): _____

Date: _____

Provider Address: _____

Provider Signature (required): _____

Name(s) of employee's dependent children under the age of 13 for whom care was provided:

1. Child Name: _____ Date of Birth: _____

2. Child Name: _____ Date of Birth: _____

3. Child Name: _____ Date of Birth: _____

4. Child Name: _____ Date of Birth: _____

5. Child Name: _____ Date of Birth: _____

- Payment will be based on the number of hours submitted for reimbursement; not the number of children cared for.
- All reimbursement claims are subject to internal audit.
- Submitting false claims can be grounds for termination of employment.
- Funding is limited to CARES stipulations and will end on 12/30/2020 or when funding source is no longer available.
- Under the ICR Section 139, the income from childcare for pandemic relief is not taxable income.