

# Community Cooperative Council on HIV/AIDS Prevention Childcare Invoice

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>For MDH Office Use Only</b>
<b>Approved:</b>
<b>Processed:</b>
<b>Vendor No:</b>
<b>P.O. No:</b>
<b>To F.M.:</b>

Meeting Date(s)	Meeting Type	Time	Number of Hours	Number of Children	Cost per Hour	Total
	<input type="checkbox"/> CCCHAP <input type="checkbox"/> Committee <input type="checkbox"/> _____	From:  To:			\$6.00 per hour per child not to exceed \$50.00 per day per child.	\$
	<input type="checkbox"/> CCCHAP <input type="checkbox"/> Committee <input type="checkbox"/> _____	From:  To:			\$6.00 per hour per child not to exceed \$50.00 per day per child.	\$
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	<input type="checkbox"/> CCCHAP <input type="checkbox"/> Committee <input type="checkbox"/> _____	From:  To:			\$6.00 per hour per child not to exceed \$50.00 per day per child.	\$
		<b>TOTALS</b>	hrs		\$6.00 per hour per child not to exceed \$50.00 per day per child.	\$

**Please attach all receipts**

\_\_\_\_\_  
 Signature: CCCHAP Member  
 Date: \_\_\_\_\_

**Call Jessica Barry at  
 651-201-4005 with questions**

\_\_\_\_\_  
 Signature: MDH Representative Signature  
 Date: \_\_\_\_\_

## Community Cooperative Council on HIV/AIDS Prevention Childcare Receipt

Date	Name of the Child(ren)	Age of the Child(ren)	Hours of Childcare
			<b>From:</b> <b>To:</b>
			<b>From:</b> <b>To:</b>
			<b>From:</b> <b>To:</b>
			<b>From:</b> <b>To:</b>
			<b>From:</b> <b>To:</b>
			<b>From:</b> <b>To:</b>
			<b>From:</b> <b>To:</b>
			<b>From:</b> <b>To:</b>
			<b>From:</b> <b>To:</b>

\_\_\_\_\_  
**Signature of Childcare Provider**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of CCCHAP Member**

\_\_\_\_\_  
**Date**

**Call Jessica Barry at 651-201-4005 with questions**

## INSTRUCTIONS TO COMPLETE THE CCCHAP CHILDCARE FORMS

### Childcare Invoice Form:

1. Enter your name
2. Enter your address.
3. Enter the date of the meeting you attended that required childcare (first column).
4. Place a checkmark in the appropriate box to indicate the type of meeting you attended (second column).
5. Enter the childcare drop-off time after the word “from” (third column).
6. Enter the childcare pick-up time after the word “to” (third column).
7. Enter the total number of childcare hours and minutes (fourth column).
8. Enter the number of children that you placed in childcare (fifth column).
9. Using the information contained in column 6, calculate the amount you can claim for childcare in dollars and cents. Enter this amount in the last column.
10. If you are using one invoice for multiple dates, repeat steps 3 through 9.
11. Enter the total number of childcare hours at the bottom of column 4.
12. Enter the total dollar amount of childcare you can claim at the bottom of column 7.
13. In the lower-left corner, sign and date the form.
14. This completes the Childcare Invoice Form. You must also complete the Childcare Receipt Form. See the steps listed below.

### Childcare Receipt Form:

15. Enter the date of the childcare in column 1.
16. Enter the name of the child(ren) in column 2.
17. Enter the age(s) of the child(ren) in column 3.
18. Enter the daycare drop-off time and pick-up time in column 4. If you are using one form for multiple dates, repeat steps 15 through 18.
19. Have the childcare provider sign and date the form.
20. Sign and date the bottom of the form.

### Submit to the Minnesota Department of Health for expense reimbursement:

21. Mail both forms and childcare receipts to:

**Minnesota Department of Health**

Attn: Jessica Barry

STD and HIV Section

PO Box 64975

St. Paul, MN 55164-0975