**Template For Receipt Independent Provider**

(i.e. babysitter, nanny, family member)

**Date of Submission:**

**Full Name of Care Provider:**

**Full Address of Care Provider:**

**Tax ID or Social Security Number of Care Provider:**

**Cost of Care paid to Care Provider for requested service dates: $**

**Date(s) of childcare provided (should align with dates on the request on the online application):**

**Name of child(ren) for which care was provided:**

**Date of birth for child(ren) for whom care was provided:**

**Name of Yale employee submitting the receipt:**

**Date(s) of payment to provider:**