



Form 101
 Billing Report Due by 3rd of each month
FILL OUT BILLING REPORT COMPLETELY

Registered Family Group Center
 Incomplete Provider Expire: _____
 Provider Completed Tribal Child Care Monitor Signature: _____

OFFICE USE ONLY: income

Month/Year: _____

Name of Parent (Client)					Mailing Address															Phone Number										<input type="checkbox"/> Working Training			<input type="checkbox"/> College			<input type="checkbox"/>							
Name of Provider					Mailing Address															Phone Number										<input type="checkbox"/> GED Volunteer			<input type="checkbox"/> Highschool			<input type="checkbox"/>							
Billing Method																																			<input type="checkbox"/> Hourly Daily			<input type="checkbox"/> Weekly			<input type="checkbox"/>		

1. Child's Name	Age					Hourly	Weekly	Daily	Rate							Total Amount										Total Hours					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Actual hours of care																															

2. Child's Name	Age					Hourly	Weekly	Daily	Rate							Total Amount										Total Hours					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Actual hours of care																															

3. Child's Name	Age					Hourly	Weekly	Daily	Rate							Total Amount										Total Hours					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Actual hours of care																															

4. Child's Name	Age					Hourly	Weekly	Daily	Rate							Total Amount										Total Hours					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Actual hours of care																															

5. Child's Name	Age					Hourly	Weekly	Daily	Rate							Total Amount										Total Hours					
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Actual hours of care																															

I hear by certify that the information on this is true and complete to the best of my information and knowledge. I agree to promptly report to the TM Child Care Program any change or correction in the information shown on this form. I further agree that if this form or parent listed is selected for field review, my signature below constitutes my consent to obtain verifying information from any necessary source.

Provider's Signature	Parent's Signature	Date
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