

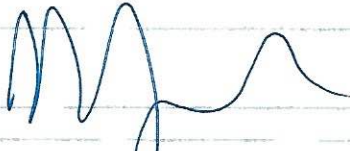



# CHILD CARE RECEIPT

EMPLOYEE NAME	Armbu Echem
DEPT/BUDGET	
DATES OF CHILD CARE REQUIRED	Nov 13-18 / 22

## CHILD CARE PROVIDER INFORMATION

PRINT NAME	Marianne Echem
TELEPHONE NUMBER	703 221-7033
NO. OF CHILDREN (UNDER 15 YRS.)	2
AMOUNT RECEIVED	\$ 300

SIGNATURE OF CHILD CARE PROVIDER	
EMPLOYEE'S SIGNATURE	

1 copy Employee, 1 copy Manager, 1 copy Finance Manager - PINK PAPER

Updated 16/05/2017