

Benton County Human Services
ARPA Program to Support Benton Family Child Care Providers
Invoice

Daycare Provider Name: _____

Mailing Address: _____

I am requesting the following reimbursement.

_____ Up to **\$500** reimbursement as a new provider (Provide receipt/documentation for all items purchased, fire marshal fees and background check fees.) ****All receipts must be dated between 6/15/22 and 12/15/24.***

Date of Purchase	Description	Quantity	Unit Price	Total
Total Requested (max \$500)				\$

Subscribed and sworn before me, the above report is true and correct according to the best of my knowledge and belief.

 Provider Signature:

 Date:

 For BCHS office use only:

 BCHS Approval Signature:

 Date:

Effective 6/15/22 to 12/15/24, or until all funds are exhausted, whichever comes first.
RETURN TO PAM FOSS