

Childcare Invoice

Adult Students Program
Amarillo College
P. O. Box 447
Amarillo, TX 79178-0001
(806) 371-5449 Office
(806) 345-5570 Fax

Payment due to: _____

For child care from _____ to _____

Student's Name	Child's Name	Amount

Total _____

Office Use Only:
Requisition #- _____
Account #- 210004810111521060
Other: _____
Approved by: jh nb aa mj
Date: _____

Childcare Provider

Address

City, State Zip

Telephone Number