



## Child Care Expense Verification Form

Name \_\_\_\_\_  

Last Name
First Name
Middle/Maiden Name

Address \_\_\_\_\_  

Street Address/P.O. Box, Apt #
City
Zip Code
Phone #

Social Security Number \_\_\_\_\_

If spouse is currently attending Texas Tech University or TTU Health Sciences Center:

Spouse's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

**The information on this form is used to validate childcare expenses for audit purposes.**

The name, address, telephone number and signature of the provider must be completed.

<b>Facility or Individual Providing Child Care:</b>	Name _____
	Address _____
	City _____ State _____ Zip Code _____ Telephone _____

Child Care provided during: Fall 20 \_\_\_\_\_ Spring20 \_\_\_\_\_ 1<sup>st</sup> Summer 20 \_\_\_\_\_ 2<sup>nd</sup> Summer 20 \_\_\_\_\_

**Child Care Provided For:**

<u>Name of Child</u>	<u>Age</u>	<u>#hrs/day</u>	<u>#hrs/wk</u>	<u>Cost/MO</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Total Monthly Charge \$ \_\_\_\_\_

Signature of Provider/Contact \_\_\_\_\_

**\*\*\*\*\* CERTIFICATION \*\*\*\*\***

All of the information on this form is true and complete to the best of my knowledge. I give permission to Texas Tech University Health Sciences Center, Office of Student Financial Aid to verify the information on this form with the childcare provider named above.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_