



#208-800 McBride Blvd.
New Westminster, B.C.
V3L 2B8

Greater Vancouver Community Social Service Workers

Ph 604-522-8445 Fax 604-777-0297 email: sec.trea1936@gmail.com

CHILDCARE RECEIPT

I, _____, was the childcare worker for
_____ on (insert date(s)) _____.

I cared for his/her child(ren) from (insert time(s)) _____.

This was a total of _____ hours.

My rate of pay is \$ _____ per hour.

The total amount payable, for the above services is \$ _____.

SIGNITURE OF CHILDECARE WORKER: _____

SIGNITURE OF 1936 MEMBER CLAIMING EXPENSES: _____

NAME & NUMBER OF MEMBER'S UNIT _____

Note: Art. XV x of bylaws: Childcare expenses will be reimbursed to members while o Local business or as deemed by the Local. Receipts are to be provided to the Treasure before being reimbursed. Up to \$50.00 per day will be paid. Any expenses outside the above shall be subject to approval at Executive Board Meetings