



**RECEIPT ATTESTATION**

Dear Provider:

Your receipt(s) are for items either not purchased in your name, not shipped to your day care address, and/or did not include delivery confirmation. In order to process your quality child care grant you must complete this form.

I, \_\_\_\_\_ confirm that the item(s) listed below were purchased  
**(On-site Provider's Name)**

for the benefit of, and will be used for, my child care program.

CSEA ID# \_\_\_\_\_ License # \_\_\_\_\_

On-site Provider's Name \_\_\_\_\_  
**(First Name, Last Name)**

Daycare Address \_\_\_\_\_  
**(Street Address, NO P.O. Box)**

\_\_\_\_\_  
**(City, State and Zip Code)**

Item(s) Purchased	Vendor	Date Purchased

\_\_\_\_\_  
**On-site Provider's Signature (required)**

\_\_\_\_\_  
**Date (required)**

**Please Mail To:  
 GRANT 4 U / Receipt Attestation  
 CSEA WORK Institute  
 1 Lear Jet Lane, Suite 5  
 Latham, NY 12110**

If you have questions, our VOICE/CSEA and WORK Institute staffs are here to help you. Call our toll-free number 1-855-GRANT4U (1-855-472-6848) or send an email to grant4u@cseainc.org.

