



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.

