



## CHILD CARE FOR PCS

### FAMILY CHILD CARE PROVIDER BILLING FORM

Name of Family  
Child Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Installation: \_\_\_\_\_ Email: \_\_\_\_\_

Child Care Record for \_\_\_\_\_, \_\_\_\_\_ General Level Provider \_\_\_\_\_ Accredited Provider \_\_\_\_\_  
month year

Date of Care	Name of Air Force Member	Rank	Unit Assigned	Date of PCS	Number of Children	Hours of Care	Cost per Hour*	Amount Billed

TOTAL NUMBER OF CHILDREN: \_\_\_\_\_ TOTAL CHILD CARE HOURS \_\_\_\_\_ AMOUNT BILLED: \$ \_\_\_\_\_

I certify that I provided child care as stated above:

\_\_\_\_\_  
Signature of Family Child Care Provider Date

\_\_\_\_\_  
Signature of Family Child Care Coordinator Date

AFAS **must** have W-9 and bank information on file to process ACH payment.

Please email completed and signed billing form and certificate of eligibility to **ea@afas-hq.org**

If you do not have a W-9 or bank information on file, please email **ea@afas-hq.org**

Processing time is up to **30** days from submission

**\*AFAS pays a General Level Provider \$10.00 per hour; an Accredited Provider \$12.00 per hour**