



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:

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

Signature of Family Child Care Provider Date

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

Signature of Family Child Care Coordinator Date

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**