



## CHILD CARE FOR PCS

### FAMILY CHILD CARE PROVIDER BILLING FORM

Name of Family \_\_\_\_\_  
 Child Care Provider: Jane Doe Phone: 703-972-2604

Installation: Hill AFB Email: Janedoe@gmail.com

Child Care Record for Aug, 2024 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
28 Aug	John Smith	SSgt	97 FSS	01 Aug	2	10	\$10	\$200
29 Aug	Patty Mack	SrA	97 SFS	15 Jul	1	5.5	\$10	\$55

TOTAL NUMBER OF CHILDREN: 3 TOTAL CHILD CARE HOURS 25.5 AMOUNT BILLED: \$ \$255

I certify that I provided child care as stated above:

**MUST BE SIGNED**

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

**MUST BE SIGNED**

\_\_\_\_\_  
 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](mailto:ea@afas-hq.org)

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