

Pleasant Point Reservation  
Passamaquoddy Tribe  
Child Care & Development Services Program

**Request for Payment**

Date (Today's Date): \_\_\_\_\_

Provider Name (or Vendor #): \_\_\_\_\_

Address (where check should be sent):

\_\_\_\_\_  
\_\_\_\_\_

Name of Child(ren):

\_\_\_\_\_  
\_\_\_\_\_

Please complete the following dates and times of service, as well as total hours of service.

Month & Year of Service: \_\_\_\_\_

Sa	Su	M	Tu	W	Th	F

Total # hours of service provided: \_\_\_\_\_

\_\_\_\_\_  
Signature of Provider

Date

\_\_\_\_\_  
Signature of Parent/Guardian

Date