

CHILD CARE FOR PCS

FAMILY CHILD CARE PROVIDER BILLING FORM

Name of Child Ca	re Provider:		Phone:					
Installation:				Email:				
Child Ca	re Record for	l ProviderAccredited Provider						
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 N	UMBER OF CHILDREN	:7	TOTAL CHILD CAR	E HOURS	AMC	OUNT BIL	LED: \$	
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 Cons Coondinates Data				If you do not have a W-9 or bank information on file, please email ea@afas-hq.org				
*AFAS pays a General Level Provider \$10.00 per hour; an Accredited Provider \$12.00 per hour				Processing time is up to 30 days from submission				