

AFTER SCHOOL CARE EXPENSE CHART

Monthly Record Tracking

Student Name: _____

Month/Year: _____

Provider: _____

Tax ID/SSN: _____

DATE	DESCRIPTION (TUITION, FEES, MATERIALS)	CHECK/REF #	AMOUNT (\$)
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Total Monthly Expenses:

Additional Notes / Provider Signature:

This document is for personal record-keeping purposes only.