

# DAILY CHILDCARE OUTLAY

Month/Year:

Provider:

| DATE | DESCRIPTION OF EXPENSE | CATEGORY | METHOD | AMOUNT |
|------|------------------------|----------|--------|--------|
|------|------------------------|----------|--------|--------|

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|------|------------------------|----------|--------|--------|
|------|------------------------|----------|--------|--------|

**Total Monthly Outlay**

Verified By: \_\_\_\_\_ Date: \_\_\_\_\_