

Summit Church  
200 South Wilcox Street #243  
Castle Rock, Co 80104

\*Cash Receipt\*

Date: \_\_\_\_\_

Pay to order of: \_\_\_\_\_ \$

\_\_\_\_\_ Dollars

Memo: \_\_\_\_\_

Group Name: \_\_\_\_\_

Small Group Leader Signature: \_\_\_\_\_

Childcare Providers Signature: \_\_\_\_\_

FOR OFFICE USE ONLY CHILD CARE VOUCHER APPROVED BY: STAFF NAME: _____ DATE: _____
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