

	NUMBER OF HOURS:	
TOTAL AMOUNT P	AID\$	
PAID TO:		
OSSTF/FEESO District 20 Halton	RECEIPT FOR CHILD CARE	
DATE:	NUMBER OF HOURS:	
TOTAL AMOUNT P	AID\$	
PAID BY:		
PAID TO:		
OSSTF/FEESO District 20 Halton	RECEIPT FOR CHILD CARE	
DATE:	NUMBER OF HOURS:	
	AID\$	
OSSTF/FEESO District 20 Halton	RECEIPT FOR CHILD CARE	
DATE:	NUMBER OF HOURS:	
TOTAL AMOUNT P		
PAID BY:		
PAID TO:		