

**Bricklayers & Allied Craftworkers Local #3  
Buffalo Chapter  
Health & Welfare Fund**

1175 William Street  
Buffalo, NY 14206

**Phone: (716) 842-1318 \*\*\*Email: [claimsbuf@baclocal3ny.com](mailto:claimsbuf@baclocal3ny.com)\*\*\***

**CHILD CARE PROVIDER RECEIPT FORM**

**Name of Provider** \_\_\_\_\_

**Address of Provider** \_\_\_\_\_

\_\_\_\_\_

**Provider's Phone No.** \_\_\_\_\_

**Provider's Tax ID#** \_\_\_\_\_

Date \_\_\_\_\_

Child Care Services for: \_\_\_\_\_

Date(s) of Service: \_\_\_\_\_

Amount Remitted: \_\_\_\_\_

Remitted By: \_\_\_\_\_

\_\_\_\_\_

Child Care Provider's Signature