

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

1175 William Street
Buffalo, NY 14206

Phone: (716) 842-1318 ***Email: 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