

**Family Invoice and Educator Acknowledgement of Payments Received**

**Family:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fortnight Ending** | **Payment Advice Fees** | **Payment Received** | **Balance Carried Over** | **Date and Signature** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Educator’s Name and Phone Number:**

**ABN:**

**CCMS Personnel ID: 4**

Service Name, Address and Phone number: Daisy Hill and Southside Family Day Care,

104 Chatswood Road Daisy Hill Q 4127. (07) 3208 0463

Approved Provider’s Name: KBCC Pty Ltd The Learning Centre Trust

ABN: 71 808 410 271

Service CCB ID Number: 4 – Y6VO0J