Receipt for providing Dependent Care for OSSTF District 28 dependents		district 28 0 S S T F
I received \$	from	for
providing dependent care for	hours on	(date).
Signed:		(care giver)
Receipt for providing Dependent Care for OSSTF District 28 dependents		district 28
I received \$	from	for
providing dependent care for	hours on	(date).
Signed:		(care giver)
Receipt for providing Dependent Care for OSSTF District 28 dependents		district 28
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Signed:		(care giver)