Cancel Payment

RECEIVED NOV - 5 2014 GENERAL SERVICES ADMINISTRATION

NACCRRA Subsidy Attendance Sheet

FAMILY ID #	(b) (6) [redacted]	Provider ID#	41838
Sponsor Name	(b) (6) [redacted]	Provider Name	Bright Horizons Family Solutions- Suffield
Program	MCCYN	Service Type	Full Time
Month of Care:	october	Year of Care:	2014
Child Name	(b) (6) [redacted]		

To Complete the attendance record, use the code below to indicate amount of care provided for each child. on each day of the month

FD = full day of care provided (infants and toddlers)
PD = part day of care provided (infants and toddlers)
SF = school-age full day
SP = school-age part day
SH = School-age holiday (use when child is in care due to school holiday closings; spring/winter breaks)
NC = No care provided (use whenever child is **absent** from care, including weekends)
TM = Childcare Services terminated (final day of year)

Attendance : 1st - 15th of the Month

Child's Name	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
(b) (6) [redacted]	FD	FD	NC	NC	NC	NC	FD	FD	FD	FD	NC	NC	NC	PD	NC

Attendance : 16th - 31st of the Month

Child's Name	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
(b) (6) [redacted]	PD	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC

MAIL COMPLETED ATTENDANCE SHEET TO:
Subsidy Department
C/O NACCRRA
1515 N. Courthouse Rd 11th Floor
Arlington,VA 22201

EMAIL ATTENDANCE SHEETS TO:
paymentdept@naccrra.org
FAX ATTENDANCE SHEETS TO: 703-341-4199 CONTACT US AT:
1-800-793-0324 #365
MONDAY-FRIDAY
8:00 AM - 7:00 PM EST

3-41838-223223

Subsidy Attendance Sheet

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NOV - 5 2014
JUDICIAL SERVICES ADMINISTRATION

MONTH OF CARE: October

YEAR OF CARE: 2014

(b) (6) [redacted]
FAMILY ID#

(b) (6) [redacted]
SPONSOR NAME

SPONSOR'S EMAIL ADDRESS:
(b) (6) [redacted]

(b) (6) [redacted]
PROVIDER ID #

Bright Horizons Family Solutions- Suffield
PROVIDER NAME

(b) (6) [redacted]
Federal Tax ID Number

(860) 668-5653
Phone Number

PROVIDER EMAIL ADDRESS: suffield@brighthorizons.com

CHILD INFORMATION

(b) (6) [redacted]
CHILD'S NAME

Service member /spouse/legal guardian and provider must sign below for payment to be issued . Incomplete coupons will be returned.

(b) (6) [redacted]
Provider Signature

11-3-14
Date

I certify that the provider information and attendance record entered on this voucher are true and accurate. I understand that my payment will be based on this completed voucher once received by child care in your [illegible] that any misrepresentation of information may result in legal action.

(b) (6) [redacted]
Sponsor/Legal Guardian Signature

11-3-14.
Date

I certify that the sponsor or legal guardian information and the attendance record entered on this voucher are true and accurate. I understand that payment to the provider will be based on this completed voucher once received by NACCRRA

3-41838-223223

canc_sched_no	doc_type	acct_no	alc_code	canc_dtd	return_cd	check_eft	check_dtd	check_amt	check_office_sym	payee_name	sched_no	pmt_class_cd	fund_cd	file_name
Z6349372	LIMITPAY	(b) (6) [redacted]	47000018	01/05/16		38156953	11/04/14	$1,638.00		CHILDRENS	GS15C0065		759X	
Z6349372	LIMITPAY	[redacted]	47000018	01/05/16		38705877	11/04/14	$51.00		BEGINNING	GS15C0097		759X	
Z6349372	LIMITPAY	[redacted]	47000018	01/05/16		38495124	11/13/14	$669.00		LEARNING	GS15C0083		759X	
Z6349372	LIMITPAY	[redacted]	47000018	01/05/16		38286947	11/05/14	$328.00		KIDS	GS15C0072		759X	
Z6349372	LIMITPAY	[redacted]	47000018	01/05/16		38331016	11/05/14	$712.00		ALEXANDRI	GS15C0072		759X	
Z6349372	LIMITPAY	[redacted]	47000018	01/05/16		38286947	11/05/14	$482.00		STARS	GS15C0069		759X	
Z6349372	LIMITPAY	[redacted]	47000018	01/05/16		38591979	11/14/14	$359.59		STONES	GS15C0088		759X	
Z6349372	LIMITPAY	[redacted]	47000018	01/05/16		38591982	11/14/14	$302.00		SHIRLEY	GS15C0088		759X	
Z6349372	LIMITPAY	[redacted]	47000018	01/05/16		38591997	11/14/14	$602.00		LEARNGIN	GS15C0088		759X	
Z6349372	LIMITPAY	[redacted]	47000018	01/05/16		38592131	11/14/14	$2,254.04		HORIZONS	GS15C0088		759X	
Z6349372	LIMITPAY	[redacted]	47000018	01/05/16		38286995	11/05/14	$165.00		GODDARD	GS15C0069		759X	
Z6349372	LIMITPAY	[redacted]	47000018	01/05/16		38884478	11/24/14	$51.00		BEGINNING	GS15C0110		759X	
3106001		[redacted]	47000018	1/4/2016	0	50603245	10/28/15	$1,052.71	4030	TREE CHIL	000GS16C0042	M	759X	4
3106001		[redacted]	47000018	1/4/2016	0	51576765	11/19/15	$183.08	4030	TREE CHIL	000GS16C0090	M	759X	4
3106001		[redacted]	47000018	1/4/2016	0	51735915	11/24/15	$327.24	4030	WORLD	000GS16C0099	M	759X	4
3106001		[redacted]	47000018	1/4/2016	0	51980090	12/1/15	$100.00	4030	WEST	000GS16C0113	M	759X	4
3106001		[redacted]	47000018	1/4/2016	0	52014368	12/2/15	$1,799.00	4030	KIDS	000GS16C0117	M	759X	4
3106001		[redacted]	47000018	1/4/2016	0	52498663	12/14/15	$1,730.61	4030	ACADEM	000GS16C0142	M	759X	4
3106001		[redacted]	47000018	1/4/2016	2	3376163	12/30/15	$404.40	310	VILLA C	000GS16V0307	M	759X	6004
3106001		[redacted]	47000018	1/4/2016	2	3375965	12/30/15	$242.00	310	GODDARD	000GS16V0307	M	759X	6004
3106002		[redacted]	47000018	01/06/16	00	52768627	12/21/15	$183.08	4030	HEARTS C	000GS16C0158	M	759X	0006
3106002		[redacted]	47000018	01/07/16	02	0324637	01/05/16	$29.54	310	CRISTYS DA	000GS16V0322	M	759X	6007
3106002		[redacted]	47000018	01/07/16	02	0324636	01/05/16	$36.92	310	CRISTYS DA	000GS16V0322	M	759X	6007
3106002		[redacted]	47000018	01/07/16	02	0324642	01/05/16	$710.40	310	CRISTYS DA	000GS16V0322	M	759X	6007
3106002		[redacted]	47000018	01/07/16	02	0324647	01/05/16	$300.00	310	CRISTYS DA	000GS16V0322	M	759X	6007
3106002		[redacted]	47000018	01/07/16	02	0324646	01/05/16	$36.92	310	CRISTYS DA	000GS16V0322	M	759X	6007
3106002		[redacted]	47000018	01/07/16	02	0324645	01/05/16	$444.00	310	CRISTYS DA	000GS16V0322	M	759X	6007
3106002		[redacted]	47000018	01/07/16	02	0324643	01/05/16	$29.54	310	CRISTYS DA	000GS16V0322	M	759X	6007

Caut - Do Not Repay
Inactive

Inbox | Preferences | Account Maintenance | Shortcuts | Site Map | Help | About
(b) (6) [redacted] January 20, 2016 | Sign Out

Transactions Queries Reference Utilities Bookmarks

Pegasys > Transactions > Automated Disbursements > New > Disbursement Cancellation > Header: NE Disbursement Cancellation Ext Ser NE201601200009 NEW > Accounting Lines > Acco

Itemized Payment\IP Accounting Line 1 GS0385I (1) Spending Adjustment Unexpired Downward Paid Expend amount 1012 from document line 1 is to be recorded.
Itemized Payment\IP Accounting Line 1 GS0385I (2) Spending Adjustment Unexpired Downward Paid Expend amount 866 from document line 1 is to be recorded.
Itemized Payment\IP Accounting Line 1 GS0385I (3) Spending Adjustment Unexpired Downward Paid Expend amount 376.04 from document line 1 is to be recorded.

Verify | Save | Submit | Schedule | Refresh | Fund Currency | Add Shortcut | Attachments

Header | Accounting Lines | Approval Routing | Memos | Summary | Correspondence |

Accounting Line

Item 1 of 1

Expand All | Collapse All

General

Line Number: 1
* Disbursing Model: Treasury Disbursing
Disbursing Office: EX6
* Cancel Type: Deletion
* Available Indicator: Available
Re-Open: ☑
Bank Account Fault: ☐
Original Accounting Period: 01/2016
Source Number:

Disbursement Details

Fiscal Year: 2015
Schedule Category: Treasury Disbursed Check
Schedule Type: Corporate
Schedule Number: GS15C0088
* Check/Trace Number: 38592131
* Check/Payment Date: 11/14/2014
Check Symbol: 4030
Bank ABA/BIC:
Cancel Number: Z6349372
Cancel Confirm Date: 01/05/2016
New Schedule Date:

Apply

Funding Transfer Payee

Line Amounts

Amount: $2,254.04

Additional Attributes

Prior Year Adjustment: Not a Prior Year Adjustment

Transfer Treasury Symbol:
Short Key:
ATA: AID: BPOA: EPOA: A: MAIN: SUB:

To/From:

Partition:

Vendor Information

Code: (b) (6) [redacted] More
Address Name: BRIGHT HORIZONS FAMILY SOLU

Description

Description: (b) (6) [redacted]

Extended Description:

Go to top of page

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GENERAL SERVICES ADMINISTRATION

MONTH OF CARE: October **YEAR OF CARE:** 2014

(b) (6) [redacted]
FAMILY ID#

(b) (6) [redacted]
SPONSOR NAME

SPONSOR'S EMAIL ADDRESS:
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(b) (6) [redacted]
PROVIDER ID #

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