Attachment B2

Rensselaer County*
Department of Social Services

TANF DAY CARE **(formerly "Project Hire")** **go to:**
TANF Daycare
1801 Sixth Avenue
Troy NY 12180
ATT: Denise Napoli

All Other Bills :
Accounting Unit
127 Bloomingrove Dr
Troy NY 12180

Vendor Claim
Office use only

Check date Mm dd yy	Check No.	Check amt

Month of Service _____
Provider's Name_____ Phone_____
Address_____ Vendor I.D._____

* Indicate billing rate (i.e. Wk,Hr.Day)

Case #	Parent Name	Child Name	# days /hours billed	# Absences	*Rate per ____	Parent share	Total	

TOTAL

Vendor Certification

I, _____Do Hereby
CERTIFY that I am the _____
of the _____

That the items of the above account are correct; that the disbursements and services Charged herein have in fact been made and rendered to or for the County of Rensselaer And that no part thereof has been paid or satisfied; that taxes from which the county of Rensselaer is exempt, are not included; and that the amount claimed is actually due; and there has been Compliance with the Title VI of the Federal Civil Rights Act of 1964 as amended and Section 504 Of the Rehabilitation Act of 1973 and regulations contained in 45 CFR Part 84 without Discrimination on the basis of race, color, religion, sex, national origin, or handicap.

SIGNATURE _____ DATE _____