

RECEIPT FOR CHILD CARE SERVICES

Provider Full Name: Malalai Faezea

Provider Address: 42827 Shaler Street, South Riding, VA 20152

Provider Employee Identification Number: 26-2512174


Provider Telephone: 703-606-8190

Parent(s) Name: Anshuman Mohapatra and Ruchira Roy

Child's Name: Aarshabh Mohapatra

Amount Paid: \$810

For Child Care Services from 12/12/22 to 12/31/22

Provider Signature: 

Date: 1-17-2023

Parent(s) Signature: _____

Date: _____