



CHILD CARE ASSISTANCE PROGRAM

Division of Public Assistance
Child Care Program Office

Office Use Only

MONTHLY TIP LEDGER

Family's Parent Printed Name: _____

Month/Year: _____ ICCIS ID Number, if known: _____

Use the ledger below to record tips you have received which are not listed on your paystub or payroll statement.
Complete a separate Monthly Tip Ledger CC38 for each month of income.

Date Received:

Amount of Credit Card/Cash Tips:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify the information in this Monthly Tip Ledger is correct and complete.

Signature of Family's Parent: _____ Date: _____