



UNIVERSITY
OF COLOGNE



Dual Career &
Family Support

Proof of care

Care Funds of the University of Cologne

I _____
surname and name

residing in _____, hereby confirm,
complete adress

that I provided childcare at _____ von _____ bis _____
Date from (time) to (time)

for Mr/Ms _____
surname and name

The total amount of

I received

in cash

by bank transfer (copy of the transfer order as proof of payment)

Place and date

Signature