



# STARS ILL Voucher

Remit by the 25th of each month to:

STARS  
1401 Airport Parkway, Suite 300  
Cheyenne, WY 82001

## For Provider Use:

Name: \_\_\_\_\_ STARS ID \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Childcare: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of material for checkout: \_\_\_\_\_

Type of material:  Book  VHS  DVD  Other \_\_\_\_\_

**By signing this form I agree to the libraries rules and regulations regarding inter library loans and agree all fines and fees regarding such rules and regulations are my responsibility.**

*Note: STARS is currently paying the loan processing fee on behalf of the childcare provider. This is subject to change without notice.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

## For Library Use:

Library Branch \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Inter Library Loan Fee \$ \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email \_\_\_\_\_

## Questions?

Phone: 800-400-3999

Email: [info@wyostars.org](mailto:info@wyostars.org)