



**DEPENDENT CARE REIMBURSEMENT
RECEIPT FORM**

- **The PROVIDER must complete all areas on each receipt.**
- **A new receipt must be completed and signed by the provider each time.**
- **Copies of cancelled checks are not needed. If the Provider has given you a separate receipt proving that you have paid for the services, you may attach a copy of the receipt to this form.**
- **Retain a copy of everything that you submit for your records.**

EMPLOYEE NAME: _____

CHILDREN'S NAMES: _____

PROVIDER'S NAME: _____

PROVIDER'S SS# or TIN#: _____

DATES OF SERVICE: _____ / _____ / _____ **TO** _____ / _____ / _____

TOTAL COST OF CHILDCARE: \$ _____

MISCELLANEOUS CHARGES: \$ _____
(TRANSPORTATION FEES, MEALS, DEPOSITS, WIPES, DIAPERS, ETC.)

CHECK NUMBER: _____

DAYCARE PROVIDER'S SIGNATURE

DATE

***This form must be completed and attached to First Administrators' Cafeteria
"Request for Reimbursement" form.***