

CHILDCARE REIMBURSEMENT

Name: * _____
 Address: * _____
 Email address: _____
 Phone: _____
 Group Leader or Event: _____
 Event Date: * _____
 Number of Children: * _____
 Number of Hours: * _____
 Amount: * _____

*denotes required fields

CHILDCARE REIMBURSEMENT CHART

	1 Hour	1 1/2 Hours	2 Hours	2 1/2 Hours	3 Hours
1 Child	\$8.00	\$11.50	\$15.00	\$18.50	\$22.00
2 Children	\$8.50	\$12.25	\$16.00	\$19.75	\$23.50
3 Children	\$9.00	\$13.00	\$17.00	\$21.00	\$25.00
4 Children	\$9.50	\$13.75	\$18.00	\$22.25	\$26.50

Childcare for more than 4 children will be reimbursed at \$10.00 per hour.

INSTRUCTIONS FOR PROCESSING YOUR CHILDCARE REIMBURSEMENT REQUEST:

1. For accounting purposes, please submit request no later than 30 days after event.
2. Use the reimbursement chart above to figure amounts due. You must submit one form per event.
3. You can expect your reimbursement check within 2 to 3 weeks from date of submission.