

# CHILD CARE REIMBURSEMENT FORM

**Childcare Reimbursement**

Office Use Only

Today's Date: \_\_\_\_\_

Requested By: \_\_\_\_\_

Department: \_\_\_\_\_

**Reimbursement Payable to:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Please fill out **ONE** form per event.

Account Number	Ministry Area Event (Area Fellowship, Community Group, Starting Point, Crown etc.)	Date	# of Children	# of Hours	Amount
1155-01-10-080					

For individual sitters, please use the chart below.

<b>Individual Reimbursement Chart</b>				
Number of Children	Hours of Event			
	1	2	3	4
1	\$ 7.00	\$ 14.00	\$ 21.00	\$ 28.00
2	\$ 7.50	\$ 15.00	\$ 22.50	\$ 30.00
3	\$ 8.00	\$ 16.00	\$ 24.00	\$ 32.00
4	\$ 8.50	\$ 17.00	\$ 25.50	\$ 34.00

Group sitting of 5 or more children will be paid at a rate of \$9 per hour.