

Dependent/Child Care Receipt

In some cases, your dependent/child care provider does not provide you with a receipt – you may use this form as a Receipt.

1. Participant Information (Participant Completes Section 1)

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 25px;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				
Employee Name (First, MI, Last)	Social Security Number (Last 4 Digits Only)				
Employer Name					
Email address	Daytime Phone Number				

2. Care Provider Information (Care Provider Completes Sections 2 & 3 and Signs Below)

Name	Social Security or EIN Number (not mandatory)
Address	City, State & Zip

3. Child Care Expense(s)

Dates of Service From	To	Dependent Name	Relationship	Date of Birth (must be completed)	Amount Incurred
Please send <u>copies</u> of receipt with Claim Form				*Total Dependent Care Expenses Paid	\$

***Notice:** Reimbursement of dependent care claims is subject to the rules applicable to deductible dependent care expenses under the Internal Revenue Code and the provisions of your Cafeteria Plan.

Provider's Signature	Date

This is to be used if your daycare provider does not use receipts and must be turned in with your claim form.