

Dependent/Child Care Receipt

You may use this form as a receipt for dependent/child care expenses. Please submit with your claim form.

1. Participant Information (Participant Completes Section 1)

Employee Name (First, MI, Last)

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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 (optional)

Address

City, State, Zip

3. Child Care Expenses (s)

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

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

Provider's Signature

Date