



# Child Care Expense Reimbursement Form

Fiscal Use: Voucher # \_\_\_\_\_

Date: \_\_\_\_\_

Payment is due to:

Child Care Provider Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

For child care expenses incurred by \_\_\_\_\_ while  
he/she attended \_\_\_\_\_  
held on \_\_\_\_\_ 20\_\_\_\_\_

Total Amount due is \$ \_\_\_\_\_  
for \_\_\_\_\_ hours @ \$ \_\_\_\_\_ per hour for \_\_\_\_\_ (number of) children

\_\_\_\_\_  
Child Care Provider Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Program Director Signature

\_\_\_\_\_  
Date

## Fiscal Use:

Fund #	Expense #	Amount	Description

Fiscal Approval \_\_\_\_\_