

Childcare Reimbursement Form

Reimbursement Payable to:

Name:
Address:
City:
State:
Zip:
Phone:
Email:

Life Group Leader:	Date:	# of Children:	# of Hours:	Amount of Reimbursement:

Rate Table:

Number of Children	Hours Of The 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 \$9 per hour.

Office Approval:

Date:	Approved By:
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