



CHILDCARE REIMBURSEMENT

Reimbursement Payable to:

Name _____

Address _____

City _____ State _____

Zip _____ Phone _____

Group Leader's Name _____

Please fill out ONE form per month. Form must be submitted within 60 days of last event.

Name of Event/Small Group	Date	# of Children	# of Hours	Total Amount

REIMBURSEMENT RATES

maximum 3 hour reimbursement per meeting

# of Children	Hours at Small Group				
	1	1.5	2	2.5	3
1	\$8.50	\$12.75	\$17.00	\$21.25	\$25.50
2	\$9.00	\$13.50	\$18.00	\$22.50	\$27.00
3	\$9.50	\$14.25	\$19.00	\$23.75	\$28.50
4	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00

PLEASE SUBMIT THIS FORM IN PERSON TO THE INFORMATION CENTER IN THE CHURCH LOBBY OR BRING IT TO THE CHURCH OFFICES DURING BUSINESS HOURS (MON - THURS 9:00AM - 5:00PM)