



REQUEST FOR REIMBURSEMENT OF CHILD CARE EXPENSES

Identification of the activity for which child care expenses are eligible for reimbursement:

Date of the activity: _____

Guardian:	
_____	_____
Last name, first name (block letters)	Telephone no.

Beginning of the period of care: _____

End of the period of care: _____

For a total of _____ of care

Based on \$7 per hour, with a maximum of \$91 per 24-hour period, the amount being claimed is:

In cases involving breastfeeding which require that a second person travel to ensure the care of the infant, an additional amount of \$25 per 24-hour period is allocated

Total _____

Name: _____ Signature: _____

Address: _____

↑ Date: _____