

Dependent Care Receipt Form THIS IS NOT A CLAIM FORM

*If your dependent care provider does not give you a receipt, have them complete and sign this form.
You must submit a Reimbursement Claim Form with this form in order to receive reimbursement.*

As a reminder, the Dependent Care FSA can be used to pay for eligible dependent care expenses (daycare, childcare) so you **and** your spouse can work, look for work, or attend school full-time.

Eligible expenses include childcare (nursery, preschool or private sitter), before and after-school care, and day camps.

Ineligible expenses include kindergarten tuition, or tuition of any kind, overnight camps, and expenses paid to a tax-dependent.

Participant Name: _____

Employer Name: _____

Service Dates of Care Provided: Start: _____ End: _____

Dependent #1 Name: _____ Date of Birth: _____

Dependent #2 Name: _____ Date of Birth: _____

Dependent #3 Name: _____ Date of Birth: _____

Description of Service: _____

(Daycare, Pre-School, Day camp, After-School Care, etc.)

Amount Requested: \$ _____

Provider Name: _____

Providers Address: _____ SS#:

Tax ID#: _____

AFFIDAVIT:

Your day care provider only needs to sign this if you do not have supporting documentation, such as an itemized receipt.

I hereby certify that I provided adult or child day care services to the above individuals in accordance with the amounts and dates that are requested.

Signature: _____