



**COVID-19 CHILDCARE EXPENSE  
REIMBURSEMENT CLAIM FORM**  
Use this form for dependent childcare reimbursement

Each field must be completed for the processing of your claim or it will be delayed or denied

Section A Employee Information (Please Print)				
NAME LAST	FIRST	MIDDLE	EMPLOYEE NUMBER 	
STREET ADDRESS				
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER	
Section B – Claim Detail (Please Print)				
DEPENDENT(S) NAME(S) AND AGES			TOTAL HOURS OF REIMBURSEMENT REQUESTED	
DATE(S) OF SERVICE OR DATE SPAN				
DURATION OF CHILDCARE (Hours)				
Section C – Employee Signature				
I certify that the information on this page is accurate and complete. I am requesting reimbursement for work-related dependent care expenses incurred by an eligible dependent (for a child under the age of 13 or other dependents that are physically and mentally incapable of taking care of themselves) due to school closings or other daycare center closings as a result of the coronavirus outbreak. I acknowledge that the information provided is accurate and any false statements or information will result in disciplinary action up to and including termination of employment.				
EMPLOYEE SIGNATURE			DATE	