

CLAIM FOR REIMBURSEMENT OF CHILD CARE EXPENSES

TO Joseph Crowe, Director Quality Career Services, 2515 Wabash Ave LL1, St. Paul, MN 55114
 FAX: 651-647-0423 Office: 651-647-9322

Provider _____ Client's Full Name _____
 Address _____ Children Name(s) _____
 City/Zip _____
 Phone Number _____
 License Number _____
 Week #1 _____

Date	Hours in care	# of children	Cost per day	*Other charges	Sub total

Week #2

Date	Hours in care	# of children	Cost per day	*Other charges	Sub total

Total

*Other charges must be itemized on the back of this form.

Child care reimbursement is intended to cover the cost incurred while the parent is **ATTENDING CLASSES ONLY**.

 Signature of Provider Date

Office Use Only	
Amount approved: _____	Project assigned: _____
Approved by: _____	Cost classification: _____
Payment processed by: _____	