



CITY OF FORT WAYNE
CHILDCARE REIMBURSEMENT FORM

PREPARING YOUR CLAIM FORM

- Complete all sections of the form.
- Attach the appropriate documentation indicated below.
- Submit childcare receipts to the City Benefits Office. **200 E. Berry, Suite 370, Fort Wayne, IN 46802**
- You may email receipts to laura.townsend@cityoffortwayne.org or nicole.hamilton@cityoffortwayne.org

Itemized bill, receipt or statement from childcare provider must include the following:

- *Name & Address of the provider
- *Child's Name
- *Dates of Service
- *Dollar amount charged

PLEASE NOTE THAT CANCELLED CHECKS ARE NOT ACCEPTED AS A RECEIPT

EMPLOYEE NAME _____ DEPT _____

EMPLOYEE ID # _____ DAYTIME PHONE # _____

CHILDCARE PROVIDER: TAX ID OR SSN OF PROVIDER:

DATES OF SERVICE

From _____ Thru _____

Total Amount Submitted: _____

DATES OF SERVICE

From _____ Thru _____

Total Amount Submitted _____

DATES OF SERVICE

From _____ Thru _____

Total Amount Submitted: _____

DATES OF SERVICE

From _____ Thru _____

Total Amount Submitted _____

I certify that I have incurred the expenses for which reimbursement is claimed from the Dependent Care Account Program, and I further declare that I have not and will not claim credit for these expenses on my individual income tax returns. These expenses are for a qualifying individual. The City of Fort Wayne does not accept responsibility for direct payment to any individuals other than the employee.

EMPLOYEE SIGNATURE _____ DATE _____

