



Statement of Expenses for Dependent Care

***All applications for reimbursement must be accompanied by a receipt from the caregiver or completion of Section B below, including signature of caregiver.**

NAME:

MEETING:

MEETING DATE:

SCHOOL:

A. Dependent Children

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Dependent Adult

Name: _____

B. CAREGIVER INFORMATION (in lieu of receipt)

I, _____ have received payment in the amount of \$ _____

in return for care provided on the date(s) noted above for the above-named dependents.

Signature of Caregiver: _____

Signature of Member: _____

C. Guidelines for Payment of Child and Adult Dependent Care:

1. Payment for Child and Adult Dependent Care shall not exceed \$75.00 per meeting day for each dependent.
2. Payment for childcare is limited to dependents 18 years of age and under.
3. Payment for adult dependent care is limited to an adult whose care is the responsibility of the member.
4. All applications for reimbursement must be accompanied by a receipt from the caregiver, or completion of Section B above, including signature of caregiver. Reimbursements will not be provided where the caregiver responsible and/or family relationship toward the dependent.

METHOD OF PAYMENT:

CHEQUE:

SCHOOL/HOME ADDRESS: _____

E-TRANSFER:

EMAIL ADDRESS: _____

EFT:

(CONTACT MARGO CHARLES FOR FORMS - BLANK CHEQUE REQUIRED)