

DAYCARE EXPENSE REIMBURSEMENT FORM

| Employee Information | |
|----------------------|------------------------|
| Name | Social Security Number |
| Company Name | |

| Dependent Name(s) | Relationship | Date of Birth | Dates of daycare | Name and Address of Provider/Facility | Tax ID or SS# |
|-------------------|--------------|---------------|------------------|---------------------------------------|---------------|
| | | | | | |
| | | | | | |
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Total amount of reimbursement requested \$ _____

If a receipt signed by your daycare provider is not attached, please have your daycare provider sign below:

Daycare Provider Signature

Date

I request reimbursement for the attached expenses under my employer's flexible benefits plan. I certify that the dependent care expenses were incurred to allow myself (and my spouse) to be employed outside the home. I understand that the dependent care expenses reimbursed from the Dependent Care Account cannot be claimed as a Child Care Tax Credit on my Federal Income Tax Return.

Employee Signature

Date

Change of address? No Yes New Address: _____



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