



Childcare Reimbursement

Office Use Only
 Today's Date: _____
 Requested By: _____
 Department: _____

Reimbursement Payable To:
 Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Work: _____

Please fill out ONE form per event.
 Request for Childcare Reimbursement must be submitted within 30 days of the event.

Description of Ministry Event	Date	# of Children	# of Hours	Amount

For individual sitters, please use the chart below:

Individual Reimbursement Chart		
	Hours of Event	
Number of Children	1	2
1	\$10.00	\$19.00
2	\$10.50	\$20.00
3	\$11.00	\$21.00
4	\$11.50	\$22.00
5+	\$12.00	\$23.00

Please mail or fax this form along with any receipt or documentation you may have to:
 Judson Baptist Church: 615.833.3241.

Requester's Signature: _____

Group Leader's Approval: _____

Date: _____

Date: _____

Ministry Approval: _____

Date: _____