



Life Groups Childcare Reimbursement Form

Reimbursement payable to:

Name _____

Address _____

City _____ State _____ Zip _____

**Reimbursement is available for church designated events.
Please fill out ONE form per event.
Form must be submitted within 30 days of event.**

| Ministry Area Event | Date | # of Children | # of Hours | Amount |
|---------------------|------|---------------|------------|--------|
| Life Groups | | | | |

Please use the chart below.

| Reimbursement Chart: | | | | |
|----------------------|--------|---------|---------|-------------------|
| Number of Children | 1 Hour | 2 Hours | 3 Hours | 4 Hours (maximum) |
| 1 | \$7.00 | \$14.00 | \$21.00 | \$28.00 |
| 2 | \$7.50 | \$15.00 | \$22.50 | \$30.00 |
| 3 | \$8.00 | \$16.00 | \$24.00 | \$32.00 |
| 4 | \$8.50 | \$17.00 | \$25.50 | \$34.00 |
| 5 or more | \$9.00 | \$18.00 | \$27.00 | \$45.00 maximum |

| Childcare Reimbursement |
|-------------------------|
| <i>Office Use Only</i> |
| Today's date: _____ |
| Requested by: _____ |
| Account #: _____ |

Return this form to the office of Salem Church of God.