



Small Group Childcare Reimbursement

Date(s) of childcare: \_\_\_\_\_

Total cost: \_\_\_\_\_

Please provide proof of payment(s) if possible (photo of check, Venmo receipt, etc.).

Name of person to be reimbursed: \_\_\_\_\_

ACH (preferred)       Check

*If you have received reimbursement previously and no information has changed, no further information is needed.*

\_\_\_\_\_

*If this is your first time receiving reimbursement, please provide the following:*

*For ACH:*

Routing number: \_\_\_\_\_ Account number: \_\_\_\_\_

*For Check:*

Complete mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_