



**DEPENDENT CARE (DAY CARE)
PROVIDER ACKNOWLEDGMENT**

(COMPLETE EXPENSE REIMBURSEMENT VOUCHER AND THIS FORM)

Note: Use this form for expenses incurred from

The Dependent Care (Day Care) Provider acknowledges that it has billed or received \$ _____ from _____ (Employee's Name/Participant) for dependent care services rendered for the period of _____ through _____ for the following tax-eligible dependents.

Dependent Name:

Age (12 or under):

Provider Name _____

ADDRESS OF PROVIDER: _____

_____ is the Tax I.D. Number of Dependent Care Center or Social Security Number of Individual Provider.

PROVIDER SIGNATURE

Date Signed

Provider Signature on this form or third party receipt with the above information is required.

Keep a copy of this form for your records.