



Child Care Voucher

Please reimburse: _____ (Name)

_____ (Address)

For childcare costs on: _____ (Date)

Associated with: ___ Life Group ___ Other: _____

For _____ number of children and a total reimbursement of \$ _____

(Reimbursement Rate: \$10 for 1 child; \$15 for 2 children; \$20 for 3 or more children)

Parent's signature

Leader's signature

Instructions:

1. Parent completes voucher and gives to Life Group leader (or other meeting leader)
2. Leader forwards voucher to John Chappellear for payment
3. Parents receive reimbursement by mail.