

Expense Reimbursement Childcare Claim Form



Please note, this form must be completed, and signed by the person providing the care, and the claimant before approval and reimbursement of child care expenses.

Date childcare provided:		
Meeting / activity attended:		
Name & address of childcare provider:		
Number of hours:		
Total cost of childcare:	£	
Signature of childcare provider:		
<p>Declaration: I confirm that care was provided on the above date and that the hours claimed for are an accurate recording.</p>		
Name of parent / guardian:		Signature of parent / guardian:
Address of parent / guardian:		
(office use only) Approved by (Nottingham City Homes Officer) Signature:		
Payment Method:	Cash	Cheque/BACS payment
Passed to Finance: (if appropriate)	Date:	