



3505 Old Hundred Rd S
 Midlothian, VA 23112
 (o) 804-763-0231 (f) 804-763-0494

Childcare Reimbursement

Office Use Only

Today's Date: _____

Requested By: _____

Account #: _____

Reimbursement Payable To:

Name _____

Address _____

City _____

State _____ Zip _____

Phone # _____

*Please fill out ONE form per event.
 Form must be submitted within 60 days of event.*

Ministry Area Event (GroupLink, Experiencing God, Financial Peace, etc.)	Date	# of Children	# of Hours	Amount

For individual sitters, please use the chart below.

Individual Reimbursement Chart				
Number of Children	Hours of Event			
	1	2	3	4
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

Group sitting of 5 or more children will be paid at a rate of \$9 per hour.

Please mail or fax this form to the attention of Melanie Hudson