

Loyola University Maryland
2014 - 2015 Employee Child Care Voucher Program
(July 1, 2014 through June 30, 2015)

Monthly Cost Verification Form
 (please print or type)

The employee is responsible for the timely completion and submission of this form. Incomplete forms will be returned to the sender for completion. Late forms will not be processed for payment. A separate form must be submitted for each provider.

Loyola Parent/Guardian _____ Loyola ID# _____

Provider/Center _____ Telephone _____

Provider's Address _____

Provider's Federal ID # _____

This reimbursement request is for the month of _____ Year _____

Full name(s) of child(ren)	Age	Full or Part Day	Attendance Hours per Week	Full Amount Paid for this child for this month	For HR Use Only
* Eligible types of child care include only Full or Part Day: Infant Care; Toddler Care; Preschool/Pre-Kindergarten; Before School; After School; Before and After Combined; and summer day care expenses.					

NOTE: You must attach a copy of the payment receipt from your day care provider in order to receive reimbursement.

Employee Signature _____ Date _____

Please Print Name _____ Employee Telephone _____

Please mail or fax your completed signed form to:

Loyola University Maryland, Human Resources, 4501 North Charles Street, Baltimore, Maryland 21210
 Fax: 410 617-5072 Attention: Kimberly Wright, Benefits Coordinator

-----**This Space for HR Entries Only**-----

Date Processed: _____

HR Approving Signature: _____ Reimbursement Total: _____