**Loyola University Maryland**

**FY20 Child Care Voucher Program**

**(July 1, 2019 through June 30, 2020)**

**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. Incomplete forms cannot be processed.**

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Telephone

**Please email your completed form to the Benefits & Wellness Unit at** [**ccvp@loyola.edu**](mailto:ccvp@loyola.edu) **or fax to**

**410-617-5072**

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

Date Processed:

HR Approving Signature: Reimbursement Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_