

**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 or fax to 410-617-5072

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

Date Processed: _____

HR Approving Signature: _____

Reimbursement Total: _____