

**Loyola University Maryland**  
**2018-2019 Employee Child Care Voucher Program**  
**(July 1, 2018 through June 30, 2019)**

**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. All forms must be submitted in a single PDF File Format.*

**Loyola Parent/Guardian** \_\_\_\_\_ **Loyola ID#** \_\_\_\_\_

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Provider/Center A.) \_\_\_\_\_

Telephone A.) \_\_\_\_\_

Provider's Address A.) \_\_\_\_\_

Provider's Federal ID # A.) \_\_\_\_\_

Provider/Center B.) \_\_\_\_\_

Telephone B.) \_\_\_\_\_

Provider's Address B.) \_\_\_\_\_

Provider's Federal ID # B.) \_\_\_\_\_

Provider/Center C.) \_\_\_\_\_

Telephone C.) \_\_\_\_\_

Provider's Address C.) \_\_\_\_\_

Provider's Federal ID # C.) \_\_\_\_\_

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This reimbursement request is for the month of \_\_\_\_\_ Year \_\_\_\_\_

Corresponding Provider letter (ex. A)	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
<p><b>* 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.</b></p>						

**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: \_\_\_\_\_