

**Loyola University Maryland
Child Care Voucher Program
July 1, 2026 through June 30, 2027**

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 for prior plan years 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 submit a copy of the payment receipt from your day care provider along with this form in order to receive reimbursement. Incomplete forms cannot be processed.

Employee Signature _____ Date _____

Please Print Name _____ Employee Telephone _____

Contact the Benefits & Wellness office at x1365 if you have questions or need assistance.

This form and receipt must be submitted in Workday with your payment request.

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**MONTHLY REIMBURSEMENT RATES
(For Full-Time Child Care)**

Infant Care (6 weeks – 17 months)	\$ 123.50
Toddler Care (18 months – 23 months)	\$ 122.83
Preschool/Pre-K Aged Care (2 yrs. – 5 yrs.)	\$ 88.39
Before School	\$ 15.03
After School	\$ 24.35
Before and After School	\$ 35.75
Summer Day Care (6 yrs. – 12 yrs.)	\$ 102.90

Important Information:

- **Request Payment in Workday:** In the search field, type "*Request One-Time Payment for Myself*". Follow the instructions to upload your Monthly Cost Verification form and receipt. If you need step-by-step help, get the [job aid](#)

- **Part-time/Less than full-time attendance:** Monthly payment will be pro-rated based on your child's weekly attendance hours
Scenario: Your 16 month old attends only 20 hours a week instead of 40 hours (full-time). Your payment amount will be \$61.75
Calculation: $\frac{\$123.50}{40} \times 20 = \61.75 pro-rated payment amount

- Missing information will delay your payment
Always upload the monthly cost verification form
Always upload the related receipt(s)