



Lee's Summit R-7 Dependent Care Claim Form

NAME _____ BUILDING _____

EMP ID# _____ DATE _____

To receive a direct deposit reimbursement on payday –
Claims must be received at least four (4) working days before payday.

You may **either** provide documentation from the day care provider **or** have the provider complete the following section, then sign on the Provider's Signature line and date the signature. You do not need to do both. If your day care provider completes and signs this section below, no other receipt is necessary. If you pay weekly, you may include all of the weeks that you have paid for care in one section. Your provider does not have to complete a section for each week or payment. If you have two day care providers, you may have both of them complete, and sign a different section.

	Caregiver's SS# or Tax ID#		
	Period of Dependent Care	From Date:	To Date:
1.	Dependent Name(s)		
	If no receipts, Signature of care giver:	_____	Amount: \$ _____

	Caregiver's SS# or Tax ID#		
	Period of Dependent Care	From Date:	To Date:
2.	Dependent Name(s)		
	If no receipts, Signature of care giver:	_____	Amount: \$ _____

Claim Total \$ _____

READ CAREFULLY: I certify the accuracy of the above information. I further certify that these expenses will not be deducted or taken as tax credits on my personal federal and/or state income tax returns for any year.

Employee's Signature : _____ Date: _____

(required to process claim)