Child / Dependent Care Reimbursement Form

DATE: _____

To: CORFA Treasurer

Please issue a Cheque to: (Name & Address)

Meeting or Activity Type: _____

Date & Time: _____

☐ **Child Care** ☐ **Dependent Care**

Office Use only:
If dependent care, documentation on file?
☐ Yes ☐ No

Name of Caregiver: _____

Amount Paid for Services: _____

Caregiver's Signature: _____

Member's Signature: _____

Requisitioned by:

_____

Approved by:

_____

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