



Small Group Childcare Reimbursement

Childcare assistance is limited to \$25 a week per family. Please indicate the amount of weekly assistance you are requesting. Requests are processed at the end of each month.

Instructions for processing your childcare reimbursement request:

1. All blanks must be completed in order to process your request.
2. Submit the completed request monthly, and no later than 10 days after the end of each month. Submit one form per month to scottw@gcc.org
3. You can expect your reimbursement check within 2 to 3 weeks from the date of submission.

Name

Street Address

City

Zip Code

Email

Name of your Small Group leader & Campus

Day & Time your Group meets (ie: Tuesday / 7pm))

Signature

Date(s) you used childcare this month:

1. _____

2. _____

3. _____

4. _____

5. _____

of children being cared for? _____

Weekly assistance requested? \$ _____
(ie: \$25, \$20, \$15, etc...)

Requested monthly total: \$ _____

Date of this request

Accounting Code: _____

241-5023235

Approved by: _____