



CITY OF FORT WAYNE  
CHILDCARE REIMBURSEMENT FORM

**PREPARING YOUR CLAIM FORM**

- Complete all sections of the form.
- Attach the appropriate documentation indicated below.
- Submit childcare receipts to the City Benefits Office. **200 E. Berry, Suite 370, Fort Wayne, IN 46802**
- You may email receipts to [laura.helmkamp@cityoffortwayne.org](mailto:laura.helmkamp@cityoffortwayne.org) or [kathern.adams@cityoffortwayne.org](mailto:kathern.adams@cityoffortwayne.org)

**Itemized bill, receipt or statement from childcare provider must include the following:**

- \*Name & Address of the provider
- \*Child's Name
- \*Dates of Service
- \*Dollar amount charged

**PLEASE NOTE THAT CANCELLED CHECKS ARE NOT ACCEPTED AS A RECEIPT**

EMPLOYEE NAME \_\_\_\_\_ DEPT \_\_\_\_\_

EMPLOYEE ID # \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CHILDCARE PROVIDER:   TAX ID OR SSN OF PROVIDER:
---

**DATES OF SERVICE**

From \_\_\_\_\_ Thru \_\_\_\_\_

Total Amount Submitted: \_\_\_\_\_

**DATES OF SERVICE**

From \_\_\_\_\_ Thru \_\_\_\_\_

Total Amount Submitted \_\_\_\_\_

**DATES OF SERVICE**

From \_\_\_\_\_ Thru \_\_\_\_\_

Total Amount Submitted: \_\_\_\_\_

**DATES OF SERVICE**

From \_\_\_\_\_ Thru \_\_\_\_\_

Total Amount Submitted \_\_\_\_\_

I certify that I have incurred the expenses for which reimbursement is claimed from the Dependent Care Account Program, and I further declare that I have not and will not claim credit for these expenses on my individual income tax returns. These expenses are for a qualifying individual. The City of Fort Wayne does not accept responsibility for direct payment to any individuals other than the employee.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

