

## 661 University Avenue, Suite 505, Toronto, Ontario M5G 1M1 Child Care Expense Form Fax: (416) 971-6169 Tel: (416) 971-4251

Please Print Clearly/veuillez remplir en lettres moulées				
Name:		Date:		
ivame:		Date:		
		Purpose of Expenses:		
Program (If applicable):		Currency of Reimbursement:		
Date	Description	Number of Hours	Rate	Amount CAD/US \$
	SUBTOTAL	0	0	0
	TOTAL amount to be reimbursed:			
Signature of Claimant:	Approved (for internal use only):			

All claims should be signed by the claimant and supported with ORIGINAL RECEIPTS. Please see reverse for further instructions, and allow 4 to 6 weeks for processing.