

Date: _____

Receipt for Child Care Costs

_____ provided child care on _____
Child Care Provider Name *Day/Month/Year*

from _____ a.m./p..m to _____ a.m./p.m.

Total amount of child care expenses: _____

Signature of Child Care Provider

Child Care Provider Phone Number

Child Care Provider e-mail address

If the reimbursement is approved, payment will be mailed within 6 weeks to the following contact information. Please print clearly and accurately.

Student Name: _____

Student Number: _____

Mailing Address: _____

I certify that I incurred these child care costs expenses. _____
Student Signature



UNIVERSITY OF
TORONTO

FAMILY CARE OFFICE

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