



Hanscom Spouses Club
Childcare Reimbursement Form

To Be Completed by the Treasurer:
Treasurer's Initials: _____

Check _____
Amount _____
Date Paid _____

Payee: _____

Fund: General - Admin/Childcare

Purpose: Reimburse for Childcare during Board Meetings dated:
OR
Reimburse for Mandatory HSC Board Event dated:
Circle one please

| CHILD CARE REIMBURSEMENT FORM | |
|---|-------|
| Member Name: | _____ |
| Date of Meeting: | _____ |
| Number of Children: | _____ |
| Number of Hours: | _____ |
| Hourly Rate: | _____ |
| Total Amount: | _____ |
| Sitter's Signature: | _____ |
| I certify that the above expenditures are accurate to the best of my knowledge. | |
| Member's Signature: | _____ |

| | |
|------------------------------------|-------------|
| Maximum Amount Allowed: | |
| _____ | |
| (Current rate) (# of hours) | AMOUNT PAID |
| <u>FY 2021-2022 childcare rate</u> | |
| \$15/hour | |