

# Child Care Reimbursement Invoice

**Instructions: Child care subsidy is a pre-determined subsidized reimbursement for child care. The attendee is responsible for expenses that exceed subsidized reimbursement.** Top portion of form is to be completed by attendee in need of child care subsidy for attending a Family Program event. Bottom portion of form is to be completed by individual providing care for child (children) of attendee during the event. A signature from provider is required as proof of services provided. In addition, this form **MUST** have a receipt of payment attached. Please submit completed form at the event, or you may submit it after event at:

Maine National Guard  
Family Programs Office  
DVEM  
SHS #33, Camp Keyes  
Augusta, ME 04333-0033

Event Attending \_\_\_\_\_ Dates \_\_\_\_\_  
Attendees Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Attendees Signature \_\_\_\_\_

## Verification of Child Care Services

Child Care Providers Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Name of 1<sup>st</sup> Child \_\_\_\_\_ Age \_\_\_\_\_  
Name of 2<sup>nd</sup> Child \_\_\_\_\_ Age \_\_\_\_\_  
Name of 3<sup>rd</sup> Child \_\_\_\_\_ Age \_\_\_\_\_  
Date & Time IN \_\_\_\_\_ Date & Time OUT \_\_\_\_\_  
Child Care Providers Signature \_\_\_\_\_

### Rates for Child Care

Half Day Events = 5 hrs or less

1<sup>st</sup> Child = \$12.50 / day

2<sup>nd</sup> Child = \$6.25 / day

3<sup>rd</sup> Child = \$6.25 / day

Full Day Events (to include overnight) = 6 plus hrs

1<sup>st</sup> Child = \$25.00 / day

2<sup>nd</sup> Child = \$12.50 / day

3<sup>rd</sup> Child = \$12.50 / day

\*\*\*OFFICE USE ONLY\*\*\*

Amount Due For Child Care Provided \$ \_\_\_\_\_

Verifying Official (FRSA) Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Certifying Officer (SFPD) Signature \_\_\_\_\_ Date \_\_\_\_\_