

DAYCARE EXPENSE REIMBURSEMENT FORM

To ensure timeliness of reimbursement processing, please complete form in its entirety, sign and date, and attach an itemized statement.

PLEASE CHECK ONE OF THE FOLLOWING:

- Documentation attached accompanies this manual claim form.
- Documentation attached is for a claim submitted online via www.cdscpa.com.
- Documentation attached is for purchases made with my Benefits Card.

Employee Information		
Employee Name	Social Security Number	
Company Name	Employee Email address	Employee Phone Number

Dependent Name(s)	Relationship	Date of Birth	Dates of daycare	Name and Address of Provider/Facility	Tax ID or SS#

Total amount of reimbursement requested \$ _____

If a receipt signed by your daycare provider is not attached, please have your daycare provider sign below:

Daycare Provider Signature

Date

I request reimbursement for the attached expenses under my employer's flexible benefits plan. I certify that the dependent care expenses were incurred to allow myself (and my spouse) to be employed outside the home during this plan year. I understand that the dependent care expenses reimbursed from the Dependent Care Account cannot be claimed as a Child Care Tax Credit on my Federal Income Tax Return.

Employee Signature

Date

Change of address? No Yes New Address: _____



CDS Administrative Services, LLC
 PO Box 570
 Willmar, MN 56201
 Phone: (888) 388-1040
 Fax: (320) 235-0988
 Email: benefits@cdscpa.com