

Participant Information (Please Print)

Employer's Name:	Employee's Name:
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Dependent Care Expense Certification (Attach this form and any receipts to a completed claim form.)

If your dependent care provider does not provide you with a formal receipt, you may use this form as receipt of services. Please have the service provider complete this form.

Name of Child Care Provider:

Provider's Tax ID No. or Social Security No.:

Name of Child(ren):

Age of Child(ren):

Date(s) of Service:

Total Amount Charged:

Provider Certification

Provider's Signature:	Date:
Provider's Name: (Please Print)	

Please submit your completed certification form along with your completed Claim Form.