

## Northway Church Childcare Reimbursement Form



Reimbursement payable to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_

Name of Event or Home Team: \_\_\_\_\_

Is this request for an: Individual \_\_\_\_\_ Group \_\_\_\_\_

**Instructions:**  
Please submit this form for reimbursement within 30 days of an event or the end of a calendar month in which a home team has met.

Email to:  
[office@northwaychurch.net](mailto:office@northwaychurch.net)

Or Mail to:  
Northway Church  
5915 Zebulon Rd.  
Macon, Ga. 31210

### Childcare Use

Date of Event or Home Team Meeting(s)	# of Hours	# of Sitters	Rate	Total Amount Due
Ex: Home Team mtg on 8/30	2	2	@ \$10/hr	\$40.00
			@ \$10/hr	
			@ \$10/hr	
			@ \$10/hr	
			@ \$10/hr	
			@ \$10/hr	
			@ \$10/hr	

Total: \_\_\_\_\_

### Reimbursement Rate

The rate for childcare reimbursement is \$10 per hour per baby sitter.  
Multiply the # of hours times the # of sitters times \$10.

**For Office Use:**  
 Today's Date: \_\_\_\_\_  
 Approved by: \_\_\_\_\_  
 Total amount of check: \_\_\_\_\_