

Volunteer Child/Elder Care Reimbursement Form

[For use of this form see USAR Reg 608-1; the proponent agency is the USAR Family Programs Directorate.]

PRIVACY ACT ADVISORY STATEMENT

AUTHORITY: Title 10, U.S. Code Annotated, Section 3013.

PURPOSE: For Family Readiness volunteers to submit a claim for reimbursement for program-related expenses.

ROUTINE USES: To transmit and provide background for receipts submitted to substantiate a claim for reimbursement.

PROVIDING THE INFORMATION: Providing the information requested is voluntary; however, withholding the information will detain or prevent reimbursement.

Name (First, MI, Last): _____ Unit: _____

Address _____

City: _____ State: _____ Zip: _____

Daytime Phone Number : _____

Receipts for child/elder care must be attached for reimbursement

Date: _____ Family program/activity supported (be specific): _____
(MM/DD/YYYY)

Child Care Provider: _____ Number of children: _____

_____ Time In: _____

Address: _____ Time Out: _____

_____ Total Hours: _____

Hourly Rate: _____

TOTAL COST: _____

Date: _____ Family program/activity supported (be specific): _____
(MM/DD/YYYY)

Child Care Provider: _____ Number of children: _____

_____ Time In: _____

Address: _____ Time Out: _____

_____ Total Hours: _____

Hourly Rate: _____

TOTAL COST: _____

Use back of form to continue listing expenses, if necessary

Total reimbursement requested from page 2 of form: _____

TOTAL REIMBURSEMENT REQUESTED: _____

I verify that this request for expenses is expressly connected with my volunteer duties to the USAR Family Readiness Program and are not related to fundraising activities. I understand that by requesting reimbursement, I cannot later request a tax benefit for the same expenditures.

Volunteer's Signature and Date (MM/DD/YYYY)

Verifying Individual and Date (MM/DD/YYYY)

[Send completed forms to your Servicing Command Family Programs Office.]

Prepared by Family Programs Office Approving Official

Check Number: _____

Date Issued: _____
(MM/DD/YYYY)

Amount: _____

Approved by: _____

(Name, Title)

Volunteer Child/Elder Care Reimbursement Form (continuation)

Name (First, MI, Last): _____ **Unit:** _____

Date: _____ **Family program/activity supported (be specific):** _____
(MM/DD/YYYY)

Child Care Provider: _____ _____	Number of children: _____
	Time In: _____
	Time Out: _____
Address: _____ _____	Total Hours: _____
	Hourly Rate: _____
	TOTAL COST: _____

Date: _____ **Family program/activity supported (be specific):** _____
(MM/DD/YYYY)

Child Care Provider: _____ _____	Number of children: _____
	Time In: _____
	Time Out: _____
Address: _____ _____	Total Hours: _____
	Hourly Rate: _____
	TOTAL COST: _____

Date: _____ **Family program/activity supported (be specific):** _____
(MM/DD/YYYY)

Child Care Provider: _____ _____	Number of children: _____
	Time In: _____
	Time Out: _____
Address: _____ _____	Total Hours: _____
	Hourly Rate: _____
	TOTAL COST: _____

Date: _____ **Family program/activity supported (be specific):** _____
(MM/DD/YYYY)

Child Care Provider: _____ _____	Number of children: _____
	Time In: _____
	Time Out: _____
Address: _____ _____	Total Hours: _____
	Hourly Rate: _____
	TOTAL COST: _____

Date: _____ **Family program/activity supported (be specific):** _____
(MM/DD/YYYY)

Child Care Provider: _____ _____	Number of children: _____
	Time In: _____
	Time Out: _____
Address: _____ _____	Total Hours: _____
	Hourly Rate: _____
	TOTAL COST: _____

Date: _____ **Family program/activity supported (be specific):** _____
(MM/DD/YYYY)

Child Care Provider: _____ _____	Number of children: _____
	Time In: _____
	Time Out: _____
Address: _____ _____	Total Hours: _____
	Hourly Rate: _____
	TOTAL COST: _____