

Childcare Reimbursement Request

Make Check Payable To			
Address			
Signature			
Daycare Date		Event/Ministry Area	
Total Number of Children		Number of Hours Worked	
Total Amount Due		Childcare Requested By	
OFFICE USE ONLY:			
Account Number		Account Type	
Due Date		Reviewed By	
Pay Date		Approved By (Required)	

Reimbursement Chart	
Children	Hour Rate
1 - 2	\$8.00
3 - 4	\$8.50
5 or more	\$9.00

Instructions:

- 1) Print
- 2) Complete
- 3) Deliver or email to MHBC Administrative office:
 15750 Vineyard Blvd., Suite 110, Morgan Hill • mhbc@mhbible.org