

LIFE GROUP CHILDCARE REIMBURSEMENT REQUEST



Reimbursement Check Payable to:

Full Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Mail this form to:

Dunwoody Baptist Church

Attn: Accounting Office

1445 Mt. Vernon Road

Dunwoody, GA 30338

Reimbursement Chart				
# of Children	Hours at Life Group			
	1	2	3	4
1	\$7.00	\$14.00	\$21.00	\$28.00
2	\$7.50	\$15.00	\$22.50	\$30.00
3	\$8.00	\$16.00	\$24.00	\$32.00
4	\$8.50	\$17.00	\$25.50	\$34.00
5	\$9.00	\$18.00	\$27.00	\$36.00

- Reimbursement Guidelines**
1. This form is for Dunwoody Baptist Church members and regular attendees who are currently experiencing financial difficulties and need assistance while attending **one** Life Group (away from their home) per semester.
 2. Fill out one form per month with the dates you attended each Life Group meeting during that month.
 3. Refer to the chart provided for the set hourly rate so you can budget for childcare accordingly.
 4. Submit form by the 15th of the following month to the address above. Checks will be mailed 2 to 4 weeks after receipt of the form.

Name of Life Group		Name of Life Group Leader		Account #	
				510207	
Date attended:	# of Children:	# of Hours:	Reimbursement amount requested (see chart):	Name of Childcare Provider:	
Date attended:	# of Children:	# of Hours:	Reimbursement amount requested (see chart):	Name of Childcare Provider:	
Date attended:	# of Children:	# of Hours:	Reimbursement amount requested (see chart):	Name of Childcare Provider:	
Date attended:	# of Children:	# of Hours:	Reimbursement amount requested (see chart):	Name of Childcare Provider:	
Date attended:	# of Children:	# of Hours:	Reimbursement amount requested (see chart):	Name of Childcare Provider:	

Minister Approval: _____