



**Small Group Childcare
Reimbursement Form**

Reimbursement Payable To:
 Name: _____
 E-mail: _____
 Address: _____

 Phone: _____

Office Use Only:
 Date Rec'd: _____
 Amt. Paid: _____
 Authorized: _____

Please fill out ONE form per small group meeting.
 Form must be submitted within 14 days of meeting.

Meeting Date	
# of Children	
# of Hours	
Amount Paid	

Name of Childcare Provider:	
Small Group Leader's Name	
Small Group Leader's Signature	

Reimbursement Chart			
# of Children	1 Hour	2 Hours	2.5 Hours
1-2	\$9	\$18	\$22.50
3-4	\$10	\$20	\$25
5+	\$11	\$22	\$27.5

Please mail this form to:
 Cornerstone Church
 Att. Jill Harris
 2123 Hamilton Road
 Auburn, AL 36832
 or Fax to 334-887-1158