

Harbor of Hope Christian Church

Expense Reimbursement Form

Your Name:

Date:

Childcare Info:

Event:
of Children
#of Hours

X _____
(signature of person making request)

X _____
(approval signature)

Show Itemized Listing Below (attach all receipts to the back)			
Date	Purpose	Account/Sub Acct	Amount
TOTAL			\$0.00

- Childcare Reimbursement:**
 \$7.00 per hour for the first child
 \$8.00 per hour for two children
 \$9.00 per hour for three children
 \$10.00 per hour for four or more children