Claim For Reimbursement of Child Care Costs

Month/Date of Child Care Expense	Name of Child Care Provider	Amount Paid By Me To Provider	Check if Proof of Payment is Attached	Amount Due From Other Parent	Comments

I declare under penalty of perjury under the laws of the State of California that all claimed expenses are true and accurate and that they were related to employment or reasonably necessary education or training for employment.

_____ Dated:_____

Name of Claimant