

Off-Campus Small Group
Reimbursement Childcare Voucher

P.O. Number 40475

Account Number: 500/70155

Payee Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work/Cell Phone: _____

Event: _____ Date: _____

Babysitter Name: _____

Off-campus Small Group host homes should complete the top of this form and submit to:

Mary Cannon
Preschool Childcare Coordinator
The Church at Brook Hills
3145 Brook Highland Parkway
Birmingham, Alabama 35242
mary.cannon@brookhills.org
205-313-7709

**** All requests received within 30 days of the event to be reimbursed. ****

All requests received by Monday at 5:00pm will be processed and mailed to the requestor within two weeks.

All requests will be reimbursed to the payee at the following rates per small group:

- \$15 per week up to three children
- \$20 per week for four or more children

Only one voucher per week, per Small Group will be reimbursed to the payee.

Submitted by _____ Amount \$ _____

Approved by _____

