

## GROUP CHILDCARE REIMBURSEMENT REQUEST

### Reimbursement Check Payable To:

Name _____
Address _____
City/Zip _____
Phone _____
Email _____

### Mail This Form To:

Traders Point Christian Church  
 Accounting Office  
 PO Box 5100, Whitestown, IN 46077  
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 Or emailed to  
[accountspayable@tpcc.org](mailto:accountspayable@tpcc.org)

### Reimbursement Chart

# of Children	Hours at Small Groups			
	1	2	3	4
1	\$8.00	\$16.00	\$24.00	\$32.00
2	\$8.50	\$17.00	\$25.50	\$34.00
3	\$9.00	\$18.00	\$27.00	\$36.00
4	\$9.50	\$19.00	\$28.50	\$38.00
5	\$10.00	\$20.00	\$30.00	\$40.00

### Reimbursement Guidelines

- 1.** This form is for Traders Point Christian Church group members & attendees who are currently experiencing a financial hardship and need assistance with childcare while attending **one** small group (away from their home, max. 1 per week).
- 2.** Fill out one form per month with the dates you attended each 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 or email above. Checks will be mailed 2 to 4 weeks after receipt of the form.

Name of Small Group Leader(s)	Acct #	Campus You Attend:
	1/20/50274	

Date attended Small Group:	# of Children:	# of Hours:	Reimbursement amount requested: (See Chart)	Name of Childcare provider:
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