



UA Life & Work Connections
 1125 N. Vine Ave.
 Tucson, AZ 85721-0155
 Phone 520-621-4365
 FAX 520-621-4474

**2009/2010 Employee Child Care Voucher Program
 Monthly Enrollment and Cost Verification Form**

(Please Print Legibly)

Center/Provider _____

Address _____

City _____ Zip Code _____ Telephone _____

Federal ID# _____

*UA Employee Parent _____

*Beginning/Ending Dates for Child Care Provided (month, date, year): From _____ To _____

***Must be completed or reimbursement will not be made – no exceptions.**

Check here if you have provided additional information about your children on a second page or on the back of this form.

Full Name of Child(ren) Enrolled	Amount Billed for the Above Time Period
1. _____	1. \$ _____
2. _____	2. \$ _____
3. _____	3. \$ _____

***Amount Paid by Parent** \$ _____

Director/Provider:

Your Signature	Date
_____	_____
Please Print Your Name	Telephone Number
_____	_____

- For assistance in completing this document, contact Child Care and Family Resources by calling 621-4365. More information is at <http://lifework.arizona.edu>.
- This form must be returned to UA Life & Work Connections' Child Care and Family Resources in person or mail at 1125 N. Vine 2nd Floor, Tucson, AZ 85721 or by fax at (520) 621-4474 in order to process the voucher reimbursement in a timely manner. THE PARENT IS RESPONSIBLE FOR ITS SUBMISSION.

