## **STEPS TO SUBMIT A COST FORM**



Add Reimbursement       Claim Total         Dependent/Beneficiary ID           Add Reimbursement Information          2       Empl ID 22095132         Fiscal Year 2023          Dependent/Beneficiary ID          Provider ID          Childcare Start Date          Submit Cost	Add Reimbursement Claim Total     Dependent/Beneficiary ID      Add Reimbursement Information     2   Empl ID   2   Empl ID   2   Fiscal Year   2   Fiscal Year   Dependent/Beneficiary ID   Provider ID   Provider ID   Childcare End Date   Submit Cost     Done
Dependent/Beneficiary ID >          1       Add Reimbursement Information         2       Empl ID 22095132         Fiscal Year 2023       Dependent/Beneficiary ID         Provider ID       Imple: Childcare Start Date         Childcare End Date       Imple: Submit Cost         Done       Imple: Childcare Start Date	Dependent/Beneficiary ID > Add Reimbursement Information 2 Empl ID 20095132 Fiscal Year 2023 Dependent/Beneficiary ID • Provider ID • Childcare Start Date • Childcare End Date • Submit Cost •
1 2 Add Reimbursement Information 2 Empl ID 22095132 Fiscal Year 2023 Dependent/Beneficiary ID Provider ID Provider ID Childcare Start Date Childcare End Date Submit Cost Done	Add Reimbursement Information 2 Empl ID 22095132 Fiscal Year 2023 Dependent/Beneficiary ID Provider ID Provider ID Childcare Start Date Childcare End Date Submit Cost Done
2 Empl ID 22095132 Fiscal Year 2023 Dependent/Beneficiary ID Provider ID Childcare Start Date Childcare End Date Submit Cost Done	2 Empl ID 22095132 Fiscal Year 2023 Dependent/Beneficiary ID Provider ID Childcare Start Date Childcare End Date Submit Cost Done Next
Fiscal Year 2023 Dependent/Beneficiary ID Provider ID Childcare Start Date Childcare End Date Submit Cost Done	Fiscal Year 2023 Dependent/Beneficiary ID Provider ID Childcare Start Date Childcare End Date Submit Cost Done Next
Dependent/Beneficiary ID Provider ID Childcare Start Date Childcare End Date Submit Cost Done	Dependent/Beneficiary ID  Provider ID  Childcare Start Date  Childcare End Date  Submit Cost  Done  Next
Provider ID  Childcare Start Date Childcare End Date Submit Cost Done	Provider ID  Childcare Start Date Childcare End Date Submit Cost Done Next
Childcare Start Date  Childcare End Date Submit Cost Done	Childcare Start Date  Childcare End Date  Submit Cost  Done  Next
Childcare End Date III Submit Cost	Childcare End Date  Submit Cost Done Next
Submit Cost	Submit Cost
Done	Done
Done	Done
	Next



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## PASOS PARA SOMETER UN "COST FORM"



AÑADI	R REEMBOLS	60		
Reimbu	rsements			
Add R	eimbursement	Claim Total		
De	pendent/Beneficia	iry ID 🗘		
1	Add I	Reimbursement Informa	tion	
	2 Empl ID	22095132		
	Dependent/Beneficiary ID	~		
	Provider ID	<b>~</b>		
	Childcare Start Date			
	Childcare End Date	<b></b>		
	Submit Cost			
	Done			
		3	Next	



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