



2020/2021 UA Childcare Choice
 Employee Reimbursement Program for Qualified Childcare Expenses
Cost Form

UA Employee _____ Employee Phone (____) _____

UA Employee Identification Number: _____

Childcare Provider: _____

Provider Phone: (____) _____

Dates of Childcare Provided (month, date, year):		From ____/____/____ To ____/____/____
Full Name of Child(ren) Enrolled	Amount Billed for the Above Time Period	
1. _____	1. \$ _____	
2. _____	2. \$ _____	
3. _____	3. \$ _____	
4. _____	4. \$ _____	
5. _____	5. \$ _____	
 Amount Paid by Employee \$ _____		
<p>UA Childcare Choice-Employee Cost Forms are subject to audit and receipt verification may be required. If submitted cost is found to be ineligible, the employee is responsible for reimbursing any and all monies to the University of Arizona, and failure to comply with the above requirements may result in denial of this employee benefit.</p> <p>In providing my signature below, I verify this is a qualifying childcare program expense as described in the program guidelines, for this July 1, 2020-June 30, 2021 fiscal year.</p>		
_____ UA Employee's Signature	_____ Date	

Incomplete forms will result in a delayed reimbursement.

It is the employee's responsibility to submit forms directly to Life & Work Connections.

This form may be submitted by:

1. Electronically scanned copy to ccemployee@email.arizona.edu through the **employee's UA email address**.
2. Hand delivered to 715 N. Park Ave (2nd floor), during University business hours; *a photo ID required*.

For assistance in completing this document, contact Life & Work Connections by calling (520) 621-1530.