

# LYONA BIBLE CHURCH CHILD CARE REIMBURSEMENT

*We are thrilled that you're committed to a Life Group. This form is to be submitted no more than 10 days after the time of paid childcare. Our reimbursement rate is \$7.00 per hour and limited to 3 hours.*

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Best Phone E-mail address

Number of Hours for Paid Childcare:  2  3 Amount of Request: \$ \_\_\_\_\_

\_\_\_\_\_  
Name and Signature of Life Group Leader Date

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<b>OFFICE USE ONLY</b>	
_____ Date Paid	_____ Check #
_____ Budget Item and Line #	

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_____ Budget Item and Line #	