

Fusion Group Childcare Reimbursement Guidelines

1. *Small Group Childcare Reimbursement Request* forms must be submitted within four (4) days after attending the small group meeting to qualify for reimbursement.
2. Reimbursements are made at a set hourly rate for the cost of an individual childcare provider in your home while you attend a small group away from your home. The rate is \$8.00 per hour for a **maximum of three (3) hours.**
3. Complete one (1) *Small Group Childcare Reimbursement Request* form for each small group meeting attended. Please use original form; copies are not accepted.
4. Mail your *Small Group Reimbursement Request* form to:

Bay Community Church
"Attention: Fusion"
10063 Rockwell School Drive Suit A
Spanish Fort, AL 36527
5. Reimbursement checks will be mailed within two (2) weeks after receipt of the form.

Fusion Group Childcare Reimbursement Form

Reimbursement check payable TO:

Name _____

Address _____

City/Zip _____

Phone _____

Email Address _____

Group Name	Date Attended Small Group	Number of Hours	Reimbursement Amount Requested:
			\$
Name of individual you paid to provide childcare in your home:			Amount you paid:
			\$
Small Group Leader's Name:			

Mail **ORIGINAL** form to:
 Bay Community Church
"Attention: Theo Koulianos"
 10063 Rockwell School Drive Suit A
 Spanish Fort, AL 36527

Reimbursement checks will be mailed within two (2) weeks
 after receipt of the form.

For Office Use Only

 Department Head Signature

 Date

 Account Code

