

**SHAFFER INSURANCE SERVICES INC. - BENEFITS DIVISION**

**CHILDCARE VOUCHER**

**902 E Ave Q-9, Palmdale CA 93551**

**Office (661) 575-9331 Fax (661) 280-2016**

Today's Date \_\_\_\_\_ Reimbursement (Year) \_\_\_\_\_

\_\_\_\_\_ Has paid \$ \_\_\_\_\_ for childcare expenses  
(Employee)

For the month of \_\_\_\_\_

Name of Provider: \_\_\_\_\_

Social Security Number or Tax I.D. #: \_\_\_\_\_

Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

\_\_\_\_\_  
(Child Care Provider)

**EMPLOYEE CERTIFICATION FOR REIMBURSEMENT**

*I certify that the expenses for reimbursement requested from my account was incurred by me (and/or my spouse and/or eligible dependent), were not reimbursed by any other plan, and, to the best of my knowledge and belief, are eligible for reimbursement under my Reimbursement Plan. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.*

Employee Signature: \_\_\_\_\_