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RE: Section 125 Cafeteria Plan
Dependent Daycare Expenses

DAY CARE RECEIPT

Date:

I, _____, have been/will be paid \$_____ in payment
(Day Care Provider's Name)
for dependent care services provided for _____, Dependents of
(Children's Names)
_____, for the time period of _____.
(Employee's Name) (Dates of Care)

By my signature below, I verify the above information is accurate to the best of my knowledge.

(Signature)

Name of Dependent Care Provider:

Address:

Social Security Number or Tax ID#: