



FLEXIBLE SPENDING ACCOUNT
DEPENDENT CARE RECEIPT
Attach to the Flexible Spending Account Claim Voucher

Service Provider Information

I have received \$ _____ from _____

for Dependent Care Services, which are employment related, for the period of:

_____ / _____ / _____ to _____ / _____ / _____

The Dependents in my care were:

Signature of Service Provider: _____ Date: ____/____/____

Print Name of Service Provider: _____

Social Security Number of Service Provider: _____

Address of Service Provider: _____

