Lebanon Valley College
Annville, PA 17003-1400

Flexible Benefits
Request for Reimbursement – Dependent Care

Please read instructions on reverse side before completing form

EMPLOYEE INFORMATION		
Name (please print)	Social Security No.	Telephone (8 a.m. – 5 p.m.)

DEPENDENT CARE REIMBURSEMENT ACCOUNT				
Dependent's Name	Soc. Sec. No.	Date(s) of Service	Provider	Amount
			Total $	

Dependent Care Provider Information	
Name	Soc. Sec. No.
Address	

The information furnished above in support of this Request for Reimbursement is true and correct to the best of my knowledge.

I hereby authorize any individual or organization to release any information requested to the Personnel Office with respect to this specific request.

I believe that the expenses listed qualify under applicable sections of the Internal Revenue Code, and certify that they are not reimbursable from any other benefit plan.

Signature ______________________ Date ______________

ATTACH ORIGINAL RECEIPTS, INVOICES OR EXPLANATION OF BENEFITS

PLEASE READ THESE INSTRUCTIONS BEFORE COMPLETING THE REVERSE SIDE
Please print or type all information

EMPLOYMENT INFORMATION

Remember to fill in your Social Security Number and a telephone number where you can be reached between 8:00 a.m. and 5:00 p.m.

If you have a new address, indicate below. Please note, you will need to submit a new W-4 form in order to change your address on official Lebanon Valley College records. Contact Dana Lesher for assistance.

Street ____

City ______________________________ State ____________ Zip Code ____________

DEPENDENT CARE REIMBURSEMENT ACCOUNT

Eligible Dependents – A child UNDER AGE 13, or a spouse or relative who is physically or mentally unable to care for himself/herself AND is claimed by you as a dependent on your federal income tax return.

Eligible Expenses – The amount paid to an individual or organization for taking care of your eligible dependent(s) enabling you to work. Only work related expenses may be listed.

Proof of expense – An original receipt from your dependent care provider is required. Canceled checks by themselves are inadequate proof. The receipt should include the name and address of the provider, the dates of services, the dependent's name and the amount paid or due.

GENERAL INFORMATION

Requests may be submitted at any time. The deadline for submitting requests, to insure that the amount will be included in the next check, is the last day of each month. Please combine all dependent care expenses on one Request form.

All inquiries should be directed to Dana K. Lesher, ext 6417.

Reimbursement checks are printed the fourth working day of the month and are made payable only to the account holder.

The Request for Reimbursement form MUST BE SIGNED BY THE ACCOUNT HOLDER in order to be processed.

SEND COMPLETED FORM AND PROOF(S) OF EXPENSE TO:

Dana K. Lesher
Humanities 108
Lebanon Valley College
Annville, PA 17003-0501