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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)

The signature's below verify the above information is accurate to the best of my knowledge.

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

Provider Signature : \_\_\_\_\_

Name of Dependent Care Provider:

Address:

Social Security Number or Tax ID#: