



**HARVEST
BIBLE
CHAPEL**

**CHILDCARE REIMBURSEMENT FORM
MINISTRY YEAR 2015-2016**

REIMBURSEMENT PAYABLE TO	
Name: _____	Date of Reimbursement Request ____ / ____ / ____
Address: _____	
City: _____ State: _____ Zip: _____	Phone: _____
Email: _____	Phone: _____

MINISTRY ACTIVITY	
Please indicate the Ministry Activity for which you required childcare services.	Please indicate the Ministry Leader and have them sign.
<input type="checkbox"/> Life Group <input type="checkbox"/> Other _____	_____ Ministry Leader Name _____ Ministry Leader Signature

Please use the **Reimbursement Table** to fill in the chart below.

REIMBURSEMENT TABLE		
Number of Children	Hours of Event	
	1	2
1	\$7.00	\$14.00
2	\$8.00	\$16.00
3+	\$9.00	\$18.00

DATE	KIDS (#)	HOURS (#)	AMOUNT
TOTAL REIMBURSEMENT			

Participant Signature

Date

Please return this form to the Welcome Center or mail to the church office.
Reimbursement will not be made more than 60 days after ministry activity.

HARVEST BIBLE CHAPEL
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