

**Loyola University Maryland  
Child Care Voucher Program  
July 1, 2024 through June 30, 2025**

**Monthly Cost Verification Form**  
(Please print or type)

The employee is responsible for the timely completion and submission of this form. Incomplete forms will be returned to the sender for completion. Late forms for prior plan years will not be processed for payment. A separate form must be submitted for each provider.

Loyola Parent/Guardian \_\_\_\_\_ Loyola ID# \_\_\_\_\_

Provider/Center \_\_\_\_\_ Telephone \_\_\_\_\_

Provider's Address \_\_\_\_\_

Provider's Federal ID # \_\_\_\_\_

This reimbursement request is for the month of \_\_\_\_\_ Year \_\_\_\_\_

Full name(s) of child(ren)	Age	Full or Part Day	Attendance Hours Per Week	Full Amount Paid for this child for this month	For HR Use Only
<p><b>* Eligible types of child care include only Full or Part Day: Infant Care; Toddler Care; Preschool/Pre-Kindergarten; Before School; After School; Before and After Combined; and summer day care expenses.</b></p>					

**NOTE: You must attach a copy of the payment receipt from your day care provider in order to receive reimbursement. Incomplete forms cannot be processed.**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name \_\_\_\_\_ Employee Telephone \_\_\_\_\_

**This form and receipt must be submitted in Workday with your payment request.  
Contact the Benefits & Wellness office at x1365 if you have questions or need assistance.**