# Loyola University Maryland
# Child Care Voucher Program
# July 1, 2025 through June 30, 2026

## 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 |
|---|---|---|---|---|---|
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| | | | | | |
| **\* 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.** | | | | | |

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

Employee Signature _____    Date _____

Please Print Name _____    Employee Telephone _____

**Contact the Benefits & Wellness office at x1365 if you have questions or need assistance.**

**This form and receipt must be submitted in Workday with your payment request.**

**Workday Job Aid attached for step-by-step instructions.**
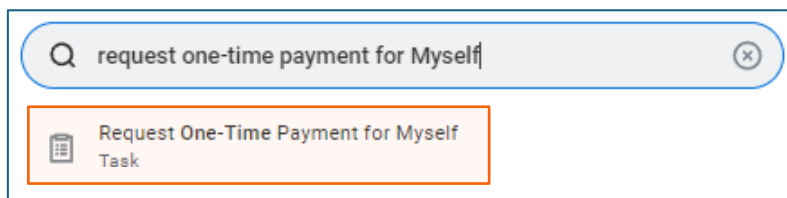
# Request One-Time Payment – Child Care Voucher Reimbursement

To request a Childcare Voucher Reimbursement in Workday follow these steps. If you have questions or need additional information, please contact the Benefits and Wellness Office at 410-617-1365.
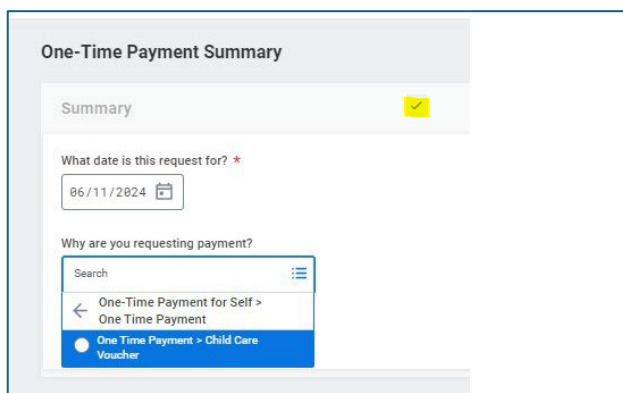
1. Log into Inside.Loyola and click the **Workday** icon.
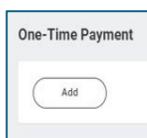


2. On your Home page, type **Request One-Time Payment for Myself** in the search bar and select the task.



3. In the **One-Time Payment Summary** section, select the pencil icon to begin your request.
   a. What date is this request for? Choose the date you are requesting reimbursement. Your request will be paid in the next available pay period.
   b. Why are you requesting payment? Choose **One Time Payment – Child Care Voucher** .
   c. Click the **check mark** to advance to the payment section.



4. Click the **Add** button to enter payment details.

5. In the **One-Time Payment** section.

   a. Your Organization Assignments will auto-populate.

   b. What type of payment are you requesting? Select **Child Care Voucher**.

   c. Scheduled Payment Date: This date will auto-populate, review, and edit if needed.

   d. Amount: Enter Loyola's reimbursement amount, not your actual daycare expense. Reimbursement amounts are attached at the end of these steps.

   e. Currency: Do not make any changes to the currency.

   f. Additional Information: Enter additional information if necessary.

   g. Cost Center: Re-enter or select your Cost Center. For reference, your Cost Center is located under Organization Assignments at the top of this section.

   h. Grant, Gift, Projects: Do not select.

   i. Additional Worktags: This will auto-populate.

   j. If there are additional reimbursements, click the **Add** button to repeat these steps.

   k. Review your information and click the **check mark**.
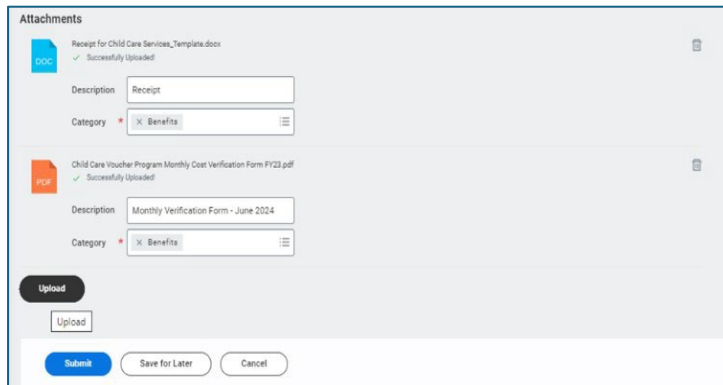
6. Enter your comments (optional)

enter your comment
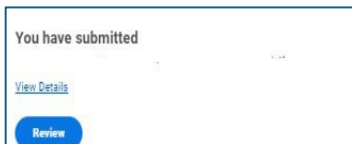
7. Attachments
   a. Select/upload your **Monthly Cost Verification Form** and **Receipt**.
   b. Description: Type the name of the document.
   c. Category: Select **Benefits**

Attachments

DOC  Receipt for Child Care Services_Template.docx
     ✓ Successfully Uploaded

     Description   Receipt
     Category  *   ✕ Benefits

PDF  Child Care Voucher Program Monthly Cost Verification Form FY23.pdf
     ✓ Successfully Uploaded

     Description   Monthly Verification Form - June 2024
     Category  *   ✕ Benefits

Upload

Upload

Submit    Save for Later    Cancel

8. Click **Submit** to complete your payment request. You can also save your request and complete it later.

You have submitted

View Details

Review

*For program details and forms visit the **CCVP** page.*
*The reimbursement amounts and monthly cost verification form is attached for your convenience.*
*Questions or assistance, contact x1365 or **ccvp@loyola.edu**.*

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**Child Care Voucher Program**
**July 1, 2025 through June 30, 2026**

**MONTHLY REIMBURSEMENT RATES**
**(For Full-Time Child Care)**

| | |
|---|---|
| Infant Care (6 weeks – 17 months) | $ 123.50 |
| Toddler Care (18 months – 23 months) | $ 122.83 |
| Preschool/Pre-K Aged Care (2 yrs. – 5 yrs.) | $  88.39 |
| Before School | $  15.03 |
| After School | $  24.35 |
| Before and After School | $  35.75 |
| Summer Day Care (6 yrs. – 12 yrs.) | $ 102.90 |

*Note: Reimbursement rates for less than full time day care will be pro-rated.*

*Example:  A child 6 weeks – 17 months old, attends daycare part time for 20 hours a week, as opposed to full time 40 hours a week.*

*Calculation:  $ 123.50 x 20 hours = 2,470/40 = $ 61.75 pro-rated reimbursement*