



## childcare reimbursement

### Reimbursement Payable to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Phone \_\_\_\_\_

Group Host(s) Name \_\_\_\_\_

**Please fill out ONE form per month. Form must be submitted within 60 days of last event.**

\*No reimbursement is provided for the first week in each month nor for any week your group does not meet.

Ministry Area Event	Date	# of Children	Amount
Small Groups			
Small Groups			
Small Groups			
Small Groups			

Reimbursement Chart					
# of Children	1	2	3	4	5 or more
	\$15.00	\$16.00	\$17.00	\$18.00	\$19.00

Please submit this form to the red room at the Tulsa Campus or email the form to [groups@churchonthemove.com](mailto:groups@churchonthemove.com).