



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			

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.