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**DEPENDENT CARE
 EXPENSE REIMBURSEMENT CERTIFICATION FORM**

Service Provider: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Tax ID/Social Security Number: _____
 Phone Number: _____ Fax Number: _____

- Service Type:
- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Nanny Care | <input type="checkbox"/> Day Camp |
| <input type="checkbox"/> After-School | <input type="checkbox"/> Nursery School Tuition |
| | <input type="checkbox"/> Other _____ |

Expense: \$ _____ Service Date(s): _____

- Payment Type:
- Cash
 - Check
 - Credit/Debit Card
 - ACH/Deposit

Other _____

Services Rendered To: _____
 Child(ren) Name(s): _____
 Child(ren) Age(s): _____

I hereby certify that the dependent care expenses detailed above are accurate and that all payment has been rendered for those services. I further certify that these expenses are for dependent care as defined by the Internal Revenue Service.

Service Provider Signature: _____ Date: _____

Participant Signature: _____ Date: _____