

# Dependent Daycare Receipt for Service



Substantiation is required with all FlexSystem Dependent Daycare FSA Requests for Reimbursement.

Participant Name \_\_\_\_\_

Provider Name \_\_\_\_\_

Provider Address \_\_\_\_\_

Provider Tax ID \_\_\_\_\_

Service Charge \_\_\_\_\_ Dates of Service \_\_\_\_\_

Service Description \_\_\_\_\_

Dependent Name and Age \_\_\_\_\_

Signature of Provider \_\_\_\_\_

FX-4975-041817

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