**CICATELLI ASSOCIATES INC**. 505 Eighth Avenue, 16th Floor, New York, NY 10018

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|  | **Leadership Training Institute** |  |
| **REQUEST FOR REIMBURSMENT OF CHILDCARE SERVICES** |
| **Participant’s Information:*****(note: please be sure to fill out this section thoroughly and legibly; the information requested will be used to send your reimbursement to you)*** | **Childcare Provider’s Information:****Name:**  |
| **Name:**  | **Address:**  |
| **Address:**  |  |
|  | **Phone:**  |
| **Phone:**  | **Email:**  |
| **Email:**  | **Social Security #:**  |
|  | **\*For CAI use only. Do not write in this box.\* Participant ID:** |  |

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| --- | --- | --- |
| **Child’s Name** | **Child’s Age** | **Child ‘s Social Security****Number** |
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Dates childcare was provided: / / to / /

I *(print childcare provider’s name)*, have received $

from *(print LTI participant’s name)* for child care services on the date(s) listed above.

Total amount to be reimbursed: $

I hereby attest that the above information is true and correct. If it is found to be otherwise, I understand that I am liable for the dollar amount approved for reimbursement by LTI.

Signature of childcare provider Date:

Signature of Participant Date: