**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: