

ECCAP Reimbursement Claim Form

Please complete all sections of the form and submit it to benefits@princeton.edu or via campus mail, 2 New South Attn: Lynn Herbine. For questions call 609-258-9118.

Employee Information (please print)		
Princeton University ID# (PUID)		Date (mm/dd/yyyy)
Employee Name		
(Last)	(First)	(M.I.)
Employee Complete Address		
(Street)	(City)	(State) (Zip)
Provider Information (print)		
Complete this form and attach an itemized statement from your day care provider or have your provider complete the information below. Payment is only allowed for services that have already been provided , not for services to be provided in the future.		
Name of Provider		
Provider Complete Address		
(Street)	(City)	(State) (Zip)
Provider Signature		Date (mm/dd/yyyy)
Expenses		
Date of service (MM/DD/YY)	Name of child cared for on this date (description of expense)	Amount
		\$
		\$
		\$
Authorization		
<p>I certify that the child care expenses for my eligible pre-kindergarten aged child(ren) were incurred in order for me and, if married, my spouse to work and are not for education expenses to attend kindergarten or higher. I understand that “incurred” means the service has been provided that gave rise to the expense, regardless of when I am billed or charged for, or pay for the service. The expenses have not been reimbursed and I will not seek reimbursement elsewhere. I understand that any amounts reimbursed may not be claimed on my or my spouse’s income tax returns. I have obtained or made reasonable efforts to obtain the provider’s taxpayer identification number (TIN) and I will include that TIN on the Form 2441 that I attach to my federal income tax return. I also understand that if my provider is a dependent care center which provides care for six (6) or more individuals, the center complies with all the applicable state laws. I have received and read the printed material regarding the Employee Child Care Assistance Program (ECCAP) and understand all of the ECCAP provisions.</p>		
Employee Signature: _____		Date: / /