

Employee Child Care Assistance Program Reimbursement Claim Form

Please complete all sections of the form and submit it to:
benefits@princeton.edu or send interoffice mail to:
 Lynn Herbine at 100 Overlook, Suite 400

Employee Information		
Princeton University Employee ID #	Today's Date	
Employee Name		
(Last)	(First)	
Employee Address		
(Street)	(City)	(State) (Zip)
Provider Information		
Please send an invoice from the day care if you have one		
Name of Provider/Nanny or Day Care Center and Tax ID		
Provider Complete Address		
(Street)	(City)	(State) (Zip)
Provider Signature	Date (mm/dd/yyyy)	
Child Care Expenses		
Month Care Occurred	Child's Name	Monthly Cost
		\$
		\$
		\$
		\$
<p>I certify that the child care expenses for my eligible pre-kindergarten aged child(ren) were incurred during the current award year. These 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: / /		