



## Bismarck State College Day Care Cost Verification

If you do not receive an invoice with a Social Security Number or a Taxpayer ID Number for your dependent care costs, please complete this form. When completed, print out the form and get the required signatures. Attach this sheet to the reimbursement voucher to receive payment for your day care from flex accounts.

Employee Last Name \_\_\_\_\_ Employee First Name \_\_\_\_\_

Employee ID No. \_\_\_\_\_

Day Care Provider Name \_\_\_\_\_

Beginning date of day care \_\_\_\_\_ Ending date of day care \_\_\_\_\_  
Amount paid for aboved dates \_\_\_\_\_

Beginning date of day care \_\_\_\_\_ Ending date of day care \_\_\_\_\_  
Amount paid for aboved dates \_\_\_\_\_

Beginning date of day care \_\_\_\_\_ Ending date of day care \_\_\_\_\_  
Amount paid for aboved dates \_\_\_\_\_

Beginning date of day care \_\_\_\_\_ Ending date of day care \_\_\_\_\_  
Amount paid for aboved dates \_\_\_\_\_

**Total amount to be reimbursed** \_\_\_\_\_

Day Care Provider Social Security No. or Taxpayer ID No. \_\_\_\_\_

Day Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_