



<b>CHILDCARE EXPENSES CLAIM FORM</b> <b>IWK Family Advisor Program</b>			NO.
<b>Family Advisor:</b> <b>Address:</b>  <b>Day Phone:</b>		<b>Childcare Provider:</b> <b>Address:</b>  <b>Day Phone:</b>	
DATE	HOURS	HOURLY RATE	AMOUNT
			<b>TOTAL</b>
\$			
<b>Family Advisor Signature:</b>			
<b>Child Care Provider Signature:</b>			
<b>Manager Signature for Approval:</b>			
<b>Cost Centre:</b>		<b>EOC:</b>	