



ASUO CHILDCARE SUBSIDY 2011 -2012 REIMBURSEMENT FORM

Date Received: _____

ASUO Executive Office, Suite 4, Erb Memorial Union, Eugene, OR 97403
Phone: (541) 346-0632
E-Mail: subsidy@uoregon.edu Website: http://www.uoregon.edu/~ccsub

Student Parent Information

Student's Name (Parent) _____ UO ID: 95__ - _____ - _____

Mailing Address (Street) _____ (City) _____ (State) _____ (Zip) _____

Phone Number _____ E-Mail Address _____

Child, Childcare Provider & Reimbursement Request Information

Child's Name #1 _____

Childcare Provider _____

Month(s) Childcare Received _____

Birth Date _____

Office Use Only. Provider Registered # _____

Monthly Charge(s) _____

Child's Name #2 _____

Childcare Provider _____

Month(s) Childcare Received _____

Birth Date _____

Office Use Only. Provider Registered # _____

Monthly Charge(s) _____

Child's Name #3 _____

Childcare Provider _____

Month(s) Childcare Received _____

Birth Date _____

Office Use Only. Provider Registered # _____

Monthly Charge(s) _____

- Failure to fill out this form properly & completely will result in a delay of reimbursement.
- A receipt and/or copy paid invoice with a copy of canceled payment for each month MUST accompany the reimbursement request. The receipt and/or copy of paid invoice must include & specify the amount for each child as well as the month of care

Student Parent's Signature

Date

Office Use Only: UR GR LA Percent: _____

Reimbursement Request: \$ _____ Maximum: \$ _____ Total to Pay: _____

Reimbursement Request: \$ _____ Maximum: \$ _____ Total to Pay: _____

Reimbursement Request: \$ _____ Maximum: \$ _____ Total to Pay: _____

Processed by: _____ Authorized by: _____

Month to Pay: _____ Amount to be Paid: \$ _____ Month to Pay: _____ Amount to be Paid: \$ _____

Banner Document #: _____ Transaction Date: _____ Processed by: _____