

AVONDALE SCHOOL DISTRICT

2940 Waukegan Street

Auburn Hills, MI 48326

248-537-6000

CHILDCARE REIMBURSEMENT REQUEST

Child's Name _____ Employee's Name _____

Enrolled childcare program _____

_____ Date _____

Employee Authorized Signature

DESCRIPTION (TUITION DATES)	AMOUNT BILLED	AMOUNT PAID

- 1. The amount paid is the actual amount the employee paid and matches the receipt attached to this reimbursement form**

Please note the district reserves the right to review all claims. For questions, please call Anna Wyman