Day Care FSA

Receipt for Service

Employee Name: _____

Employee SSN or ID#:_____

Company Name: _____

****Attach this form to a completed claim form****

Provider's Name: _____

Type of Service Provided: _____

Child's Name: _____

Dates of Service: _____

Total Amount Charged: _____

Provider's Tax ID# (or SSN):_____

Provider's Signature: _____Date:_____

If your dependent care provider does not offer formal receipts, you may use this form to document services provided. Simply have the service provider complete this form, save a copy for your tax records, and submit a completed copy with your claim form to Flex-Plan Services, Inc.