

CLAIM FORM
under the
WASHINGTON TOWNSHIP BOARD OF EDUCATION DEPENDENT CARE ASSISTANCE
ACCOUNT PLAN

To: Bowman & Company LLP
P.O. Box 972
Voorhees, NJ 08043

I hereby certify that I have incurred the following expenses for dependent care for which I have not been and will not be reimbursed otherwise and request reimbursement of these expenses:

<u>Dependent Care Expense for Whom</u>	<u>Date Incurred</u>	<u>Amount</u>
--	----------------------	---------------

<u>Provider's Name</u>	<u>Tax Identification Number/Social Security Number</u>
------------------------	---

<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
-----------------------	-------------	--------------	------------

Total \$ _____

All invoices and other receipts related to this claim are attached.

Dated: _____

Please print Employee's Name

Employee Signature