



**The Summit Church**  
 LOVE GOD · LOVE EACH OTHER · LOVE OUR WORLD

## Childcare Reimbursement Form

**The Summit Church**  
 2335-114 Presidential Drive  
 Durham, NC 27703  
 (o) 919-383-7100  
 (f) 919 - 572 - 1212

Childcare Reimbursement
<i>Office Use Only</i>
Today's Date _____
Requested By _____
Ministry _____

Reimbursement Payable To:
Name _____
Address _____
City _____ State _____
Zip _____ Phone # _____
Email _____
Group Leader Name _____

*Please fill out ONE form per meeting. Forms may only be submitted once per week and must be submitted within 30 days of the group meeting.*

Account Number	Date of Meeting	# of Children	# of Hours	Amount
1— 053348				

*Please use the chart below to calculate the amount you are requesting.*

Reimbursement Chart			
Number of Children	Hours of Event		
	1	2	3
1	\$7.00	\$14.00	\$21.00
2	\$7.50	\$15.00	\$22.50
3	\$8.00	\$16.00	\$24.00
4	\$8.50	\$17.00	\$25.50

**Please mail or fax this form to the attention of the Summit Small Groups Ministry**