

County of Santa Clara
CHILD CARE EXPENSE REIMBURSEMENT REQUEST FORM



Purpose: This form is used to document child care expenses incurred by members of boards, commissions, and committees created by the County Board of Supervisors and any subsidiary bodies, as defined in the Brown Act, while in the performance of their official County duties. Public funds should not be used for purposes that are personal in nature or that do not have clear business purpose.

Name of Claimant: _____ **Date:** _____

Name of Brown Act Body that Claimant Serves: _____

Reimbursement is for reasonable, actual child care expenses incurred in the performance of official County duties in compliance with the County's Child Care Expense Reimbursement Policy, and **is limited to** four (4) hours per child, per day, and the California Department of Education's published part-time hourly Average Rate for Child Care Centers in Santa Clara County, available at <http://www3.cde.ca.gov/rcsc/> (Effective 7/01/2012, **\$9.87 per hour for children under 2 years of age, \$7.97 for children 2 through 5, and \$7.85 for children aged 6 to 13**).

Requests must be submitted to the Secretary or Clerk assigned to the County Brown Act body the member serves within 30 days from the date the expenses were incurred. **Initial** each item below to indicate each statement is true:

Initial

	A. The expenses resulted from the performance of official County business.
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Please indicate the **Date:** _____ **Start Time:** _____ **Duration:** _____ **Location:** _____
 and the **Type** of the qualifying business activities performed (**check all that apply below**)

<input type="checkbox"/>	Attendance at a meeting of the Brown Act body you serve
<input type="checkbox"/>	Attendance at an inspection/site visit for Brown Act body business
<input type="checkbox"/>	Attendance at a meeting with County staff for Brown Act body business
<input type="checkbox"/>	Participation in Brown Act body delegation visits or special event activities

Initial

	B. The expenses were incurred for the care of a child, under the age of 13, who is the Claimant's dependent.
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Initial

	C. The provider of child care is not the Claimant's spouse or a person whom the Claimant can claim as a dependent.
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Name of Child	Age of Child	Hours of Care	Name, Address, and Contact Information of Care Provider	Total Cost Incurred
			Name: _____	\$ _____ NOTE: This request will not be considered unless original / itemized receipts are included with this form.*
			Address: _____	

			Phone: _____	

PLEASE INCLUDE ADDITIONAL PAGES AS NEEDED

*Child Care Expense Reimbursement requires that **ORIGINAL/ITEMIZED RECEIPTS**, reflecting the actual costs incurred, be submitted with this Form. **Any of the following will be accepted as receipts:** receipt indicating who was paid and dollar amount, cash register receipt, copy of cancelled check, copy of bank statement if cancelled check is not available, or an invoice marked paid or indicated how paid (cash, check, charge, etc.).

I certify that the above is true and correct and that the amount claimed is for the reasonable and necessary expenses incurred, solely for official County business and not personal use.	Claimant Signature: _____ Date: _____
Verified by: _____	Date: _____
Approved by: _____	Date: _____
SAP Vender #: _____	SAP Document #: _____