



Office Use Only	
Today's Date:	_____
Department:	060
Account No.:	50901

Date of Meeting:	_____
No. of Sitters:	_____
No. of Hours:	_____
Total:	_____

Please fill out **ONE** form per week. After the leaders sign the form, they then need to be dropped by Guest Central. Reimbursement forms will be processed and mailed within two (2) weeks. Forms must be dropped by within 30 days of last meeting date.

Reimbursement Payable To:	
Name:	_____
Address:	_____
City, State & Zip:	_____
Phone:	_____
Grow Group Leader Name:	_____
Grow Group Leader Signature:	_____ Date: _____

Individual Reimbursement Chart				
Number of Sitters	Hours of Event			
	1	2	3	4
1	\$7.00	\$14.00	\$21.00	\$28.00
2	\$14.00	\$28.00	\$42.00	\$56.00

For 3 or more, please contact Marianne Reed at Marianne.Reed@faithbridge.org.

The purpose of this reimbursement is to alleviate some of the financial burden of childcare. The above chart is by no means a reflection of what we believe a sitter should be paid, but instead is the portion towards which we are currently willing to contribute. Parents are ultimately responsible for the financial arrangements with each individual sitter. Faithbridge has no role in a parent's choice of sitters and takes no responsibility for a sitter's competence, qualifications, or character. Parents will be reimbursed directly and will bear full responsibility for the care of their children.