

Dependent Daycare Receipt for Service



Substantiation is required with all FlexSystem Dependent Daycare FSA Requests for Reimbursement.

Participant Name _____

Provider Name _____

Provider Address _____

Provider Tax ID _____

Service Charge _____ Dates of Service _____

Service Description _____

Dependent Name and Age _____

Signature of Provider _____

FX-4975-041817

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