



# Day Care FSA

## Receipt for Service

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Employee Name: \_\_\_\_\_

Employee SSN or ID#: \_\_\_\_\_

Company Name: \_\_\_\_\_

**\*\*Attach this form to a completed claim form\*\***

Provider's Name: \_\_\_\_\_

Type of Service Provided: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Total Amount Charged: \_\_\_\_\_

Provider's Tax ID# (or SSN): \_\_\_\_\_

Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If your dependent care provider does not offer formal receipts, you may use this form to document services provided. Simply have the service provider complete this form, save a copy for your tax records, and submit a completed copy with your claim form to Flex-Plan Services, Inc.