



Elmendorf Officers' Spouses' Organization Charitable
Childcare Reimbursement Voucher

Member Name: _____

EOSO Position Title: _____

Current reimbursable rate: \$3.50 for first child, \$2.80 each additional child

Date	Meeting/Event Attended	Caregiver's Name	# Children	# Hours	Amount Paid	Reimbursement Amount
Total						

I hereby certify that the above information is true and correct.

 Signature of Member

 Date

Treasurer's Use Only		
Date Paid	Check #	Initials