Principle Business Enterprises, Inc.

Request for Childcare Reimbursement

This is a temporary reimbursement for associates who have increased their childcare spending due to schools and/or daycares closing as a result of the COVID-19 situation.

Associate Name: _____

Dates Requesting: _____

Child's Name and Age:

_____

_____

_____

_____

_____

Current Spending (circle the frequency): $_____ per: day/week/month

Previous Spending (circle the frequency): $_____ per: day/week/month

Total Reimbursement Requested

(Current spending minus previous spending): _____

Attach documentation to this form for proof of payment.

*Approved subsidies for childcare reimbursements will be paid via payroll. See HR if you have questions.

For Office Use Only:

Date Received: _____

Approved/Denied: _____