

## Journey Group Childcare Reimbursement Form

Reimbursement Guide							
Number of	Event Time						
Children	1 hr.	2 hr.					
1	\$10.50	\$21.00					
2	\$11.00	\$22.00					
3	\$11.50	\$23.00					
4	\$12.00	\$24.00					
5+	\$12.50	\$25.00					

Reimbursement Payable To:						
Name:						
Address:						
City:						
State:	Zip:					
Email:						

## Please submit forms monthly

Account # (office use only)	Date	Event (include Group Leader's Name & Location)	# of children	# of hours	Total Amount

## Completed forms may be submitted via...

• Mail: 1297 W. Martintown Road, North Augusta, SC 29841

(Attn: Dianne Hammond)

• Email: dianneh@truenorthchurch.com

• Sunday: place in offering buckets