



REQUEST FOR CHILDCARE/ FAMILY MEMBER CARE REIMBURSEMENT

The Presbytery will reimburse parents/guardians up to \$120 at a rate of \$20.00 per hour to cover childcare or family care expenses while a parent(s)/guardian(s) attends a Presbytery Assembly meeting (including travel time).

Presbytery Assembly Date: _____

Your Name: _____

Your Address Line 1: _____

Your Address Line 2: _____

Church Name: _____

Hours of Child Care: _____

Requested Reimbursement: \$ _____

Please provide your Zelle Account information - for timely reimbursement:

Please complete this form and submit by email or regular mail:

khockenberry@chicagopresbytery.org

Presbytery of Chicago

Attention Accounting

815 W Van Buren, Suite 415

Chicago, IL 60607