



Day Care FSA Receipt for Services

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 and save a copy for your tax records.

Employee Information

Last Name, First Name	SSN / Employee ID #
Employer Name	Email Address

Service Information

Provider Name	Provider's Tax ID or SSN#
Type of Service	Dependent Name and Age
Dates of Service (must be within current Plan Year) ____/____/____ through ____/____/____	Amount Charged
The above information is true and correct.	
_____ Provider Signature	_____ Date
_____ Participant Signature	_____ Date