

Calvert County Fire-Rescue-EMS Day Care Payment Request Form

Volunteer's Information

Name: _____ Social Security Number: _____

Mailing Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Department: _____

Reimbursements will only be considered for dates that the volunteer member is physically in the station or conducting official business of the department which must be documented below.

Calls responded to:

<u>Incident #</u>	<u>Time out</u>	<u>Time in</u>	<u>Description</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other duties or activities performed:

Children

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Date and Time of Day Care Service

Must submit separate form for each day care provided

Day of week Date Times Before/After School or All Day

Calvert County Fire-Rescue-EMS

Day Care Provider's Information

Name: _____

Contact Person: _____

Mailing Address: _____

Tax ID#: _____ Phone Number: _____

Amount Due: \$ _____

Reimbursement will only be provided for those dates that a volunteer member covered a shift. (For example, if the volunteer worked a shift for 5 or more hrs. the provider is given \$30 per child per day. If the volunteer works 4 hrs or less than \$20 is paid per child per day. then the reimbursement would be \$50 for that week.)

I certify that the information I have provided is accurate.

Volunteer's Signature

Date

I certify that the volunteer worked on the date and times stated above.

Chief's Signature

Date

President's Signature

Date

I certify that the volunteer's dependent's attended my day care on the date and time stated on this form. I further certify that the amount due is accurate for the services provided at my day care program.

Day Care Provider's Signature

Date

Reimbursement of expenses at \$600 or above in a calendar year will result in a Form 1099 issued to the volunteer and to the provider.

Return this form to:

Kim Jones

Recruitment & Retention Specialist

Fire/Rescue/EMS

Calvert County Government ♦ 175 Main Street ♦ Prince Frederick, MD 20678

(410) 535-1600, ext. 2570 ♦ Fax: (443) 486-4074

ALL REIMBURSEMENTS WILL BE MADE DIRECTLY TO THE DAY CARE PROVIDER. ANY EXCEPTIONS TO THIS CONDITION MUST BE REQUESTED IN WRITING AND APPROVED BY THE CALVERT COUNTY FIRE/RESCUE/EMS OFFICE IN ADVANCE OF SERVICE BEING PROVIDED. ONLY ORIGINAL DOCUMENTS WILL BE ACCEPTED. APPLICATIONS MUST NOT EXCEED 30 DAY GRACE PERIOD.