IAS | INSTITUTE FOR ADVANCED STUDY

Questions about this form?
Contact: HR Department
Phone: 609-9514436E-mail: hr@ias.edu

Request for Reimbursement for IAS Childcare Fund for Participants of Special School Programs

Instructions

- Complete the request form and send it for review and consideration to hr@ias.edu
- Upon completion of the Special School Program, submit itemize receipts Social Security number (SSN) or a US individual tax identification number (ITIN) and W-9 Form to hr@ias.edu

Organized Program title and date(s):

Name of Program Participant:

Address of Program Participant:

Name of dependent receiving care:

Age of dependent receiving care:

Choose an item.

Address of dependent receiving care:

Description of the dependent's relationship to the Program Participant:

Detailed budget noting anticipated childcare expenses, including information about travel for the caregiver if applicable, description of the planned care, caregiver's name and relationship to the Special Program Participant, location of the care, hourly cost, and other relevant information:

Caregiver name:	
Planned care location:	
Cost of care:	
Caregiver's relationship to the Special Program participant:	
Other:	

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I certify that:

- The information I have provided on this form is true to the best of my knowledge.
- I further understand that to be reimbursed, I must submit itemized receipts, possess a valid US Social Security number (SSN) or a US individual tax identification number (ITIN), and complete a Form W-9.

_____   _____

Special School Program Participant Signature   Date

For completion by Human Resources

Reimbursement request:

Receipts received:

Required documentation received:

Request for payment processed: