

Stewart's Shops Corp. Dependent Care Claim Voucher Expense Certification

Name (Print): _____

Social Security #: _____

I hereby certify that the following dependent care expenses were incurred by me and are subject to reimbursement under the plan:

	<u>Name of Provider</u>	<u>Name of Dependent</u>	<u>Date</u>	<u>Expenses</u>
1.	_____	_____	_____	\$ _____
2.	_____	_____	_____	\$ _____
3.	_____	_____	_____	\$ _____
4.	_____	_____	_____	\$ _____
5.	_____	_____	_____	\$ _____
6.	_____	_____	_____	\$ _____
7.	_____	_____	_____	\$ _____
8.	_____	_____	_____	\$ _____

Total \$ _____

Provider's Tax ID # _____

I have attached receipts from independent third parties to substantiate (i.e., prove) the above expenses, and I understand that if I misstate my covered expenses, I may be subject to the laws governing misreporting income.

Signature

Date