



715 Cypress Street
West Monroe, LA 71291

Office: 318-387-1500
Fax: 318-387-4416

Date: _____ Invoice #: _____

Reimbursement Payable To:

Name _____
Address _____
City _____ State _____
Zip _____ Phone # _____

Office Use Only
Today's Date: _____
Approved By: _____

***Please fill out ONE form per Home Group Meeting.
Form must be submitted within 30 days of meeting***

Meeting Date	Childcare Provided By Connection Group Home Host	# of Children	# of Hours	Reimb. Total

Please use the chart below to figure reimbursement total

Number of Children:	Rate for One Hour:	Rate for Two Hours:
1	\$7.00	\$14.00
2	\$7.50	\$15.00
3	\$8.00	\$16.00
4	\$8.50	\$17.00
5	\$9.00	\$18.00

Maximum Reimbursement per meeting: \$20.00

Please fax or mail this form to attention of: Group Groups Ministry
The Assembly 715 Cypress Street West Monroe, LA 71291 318-387-1500 fax: 318-387-4416