

Town of



AMHERST *Massachusetts*

Town Hall - 4 Boltwood Avenue - Amherst, MA 01002

Town Meeting Dependent Care Reimbursement

This form must be completed and submitted to the Town Manager's Office no later than two weeks following the last session of Town Meeting.

Reimbursement will be processed for up to \$30 per session of Town Meeting or the actual expense if less than \$30. An itemized receipt for child and/or dependent care expenses listing the Town Meeting date, time, and amount expended for each session must be submitted.

The overall amount of funds for this purpose are limited, therefore, members will be reimbursed for an equal amount of sessions if there are not sufficient funds to reimburse for every session for which reimbursement is sought.

Date submitted: _____

Town Meeting member(s): _____

Address: _____

Phone: _____

Email: _____

Dependents in Need of Care: _____

Dependent Care Receipt
Town Meeting date :
From: _____ p.m. _____ p.m. Total time: _____ Total Amount Paid:
Print Caregiver's Name:
Signature of Caregiver

Submit to: Town Manager's Office, Town Hall Mezzanine, 4 Boltwood Avenue, Amherst, MA 01002

Approved: _____

Amount _____