

**Southeastern Louisiana University
Cafeteria Plan
Dependent Care Reimbursement Claim Form**

Employee Name (Last, First, MI)

Department

Emplid#

Date

In order to file a claim, first complete the attached table. Be sure and include all of the requested information for each claim, as this will speed up the processing of your reimbursement. Remember, each claim must meet the following requirements:

- The expenses must be for a qualified dependent,
- the expense must be for a qualified dependent care expense, and
- the expense must occur during the Plan year.

You must show that each expense meets each of these requirements. Failure to show any of this information will delay the processing of your claim, so be sure to include all necessary information and documentation when filing your claim. Attach all receipts or statements from dependent care providers to this form and return it to the Cafeteria Plan Administrator in the Payroll Office, room 105 – North Campus – Building A (Financial Aid). Completed forms can be mailed to Box 10720, or Payroll Office, SLU 10720, Hammond, LA 70402. The Cafeteria Plan Administrator can be reached at (985) 549-2305 or email klobell@selu.edu.

NOTE: You cannot claim any expense paid to a dependent for the care of another dependent.

To the best of my knowledge, the reimbursement claims entered here are complete and true. I am claiming reimbursement only for eligible expenses incurred during the Plan year and those expenses are only for qualified dependents. I certify that these expenses have not been reimbursed by any other benefit plan and will not be claimed as an income tax deduction.

Signature

Date

For Office Use Only:

Process Date

Approval

For Office Use Only:

Amount Expended	Check Date/Check Number
\$	

