

## ANNUAL DAYCARE PROVIDER LETTER

Include Daycare Provider Info:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_

List all dates covered by Daycare Provider in Plan Year (Ex: October 1, 2007 – September 30, 2008)

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**Total Expense \$** \_\_\_\_\_

Cafeteria Member's Info:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Note: You will only need to submit the Expense Affidavit one time for the plan year. The amount will be posted, and you will be sent a reimbursement check automatically. However, it is your obligation to notify OLB Systems if your daycare provider changes.

OLB SYSTEMS  
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