

Box 2415  
Edmonton, AB T5J 2S5  
Fax: (780) 427-5863  
1-800-661-1993

Worker's e-mail address:		Claim number:
Worker's: Surname	First name	Initial
Address: Street		
City / Town	Province	Postal code

Date of service (YYYY / MM / DD)	Description of service	Hourly rate	Hours billed	Total cost

Did you pay for the child care? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If no, please complete the name and address section with the payee's information.</i>																								
<b>Name and address to whom fee is payable</b> (please print):	Provider's signature: <table border="1" style="float:right; margin-left:20px; width:200px"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>																							
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