## Claim Form *Form C*

Please return with receipts to:
Child Care Aware of Missouri
1000 Executive Parkway Dr., Ste. 103
St. Louis, MO 63141
Fax to: 866-697-8168

Sponsor Inform	nation			
Center Nam Center DV				
	-			
Recipient Nam				
Sub		n 30 days after the close of esult in forfeit of money for t		
School Term Attend	ded: ☐ Fall [	☐ Spring ☐ Summe	r Year:	
Paid Time Off (	Claimed			
	Date	Times	# of Hours (Round to nearest ½ hour)	
Sample	1/10/15	3 to 5 pm	2 hrs.	
-				
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-				
		Total Hours Claimed		

If you have questions, please call your counselor at (314) 535-2020, x 607/609.