

CLAIM REQUEST FOR CHILD CARE EXPENSES

Parent must submit completed form + child care statement clearly showing payment of amount claimed for reimbursement.

Grant Holder Details:

Grant Holder Name:	
Grant Holder ID:	

Current Course Details:

Name of Course:			
Training Provider:			
Course Start Date:		Course End Date:	

Child Care Expenses Details:

Name of Child Care Centre:					
Dates claimed:	Mon	Tues	Wed	Thur	Fri
(Record date of each claim MUST be in the appropriate column otherwise it will be returned back to you.) # Attach a copy of your bank statement showing Name of bank, BSB and Account number if EFT payment is required otherwise you will receive a cheque.	dd/mm/yy	dd/mm/yy	dd/mm/yy	dd/mm/yy	dd/mm/yy
Amount Claimed					\$
<i>Amount approved PRTE use only</i>					\$

Signature of parent: _____
 (Claim **MUST** be signed otherwise it will be returned back to you)

Teacher/trainer verification:
 I verify that the above named parent attended classes on the dates stated.

Signature of teacher/trainer: _____

Name of teacher/trainer (please print): _____

Official stamp of training provider: _____

Mail to: Victoriaworks for parents returning to work
 AMES Education
 GPO Box 4728, Melbourne 3001