

DEPENDENT DAY CARE PROVIDER ACKNOWLEDGEMENT

It is hereby acknowledged by _____ (the "Dependent Day Care Provider") that it is in compliance with any applicable, federal, state and local regulations governing dependent day care centers.

The Dependent Day Care Provider further acknowledges that it has received \$_____ from _____ (DCAP Participant) for dependent day care services rendered for the period _____ through _____ for the following individual(s):

Name	Age
_____	_____
_____	_____
_____	_____

Print name of dependent day care center or individual provider

Tax I.D. of dependent day care center OR Social Security Number of individual provider

Signature of dependent day care center representative OR individual dependent day care provider

Date of signature

Igoe Administrative Service requires three (3) business days after the date of receipt of your Request for Reimbursement in order to enter your information into our system. Please check your company's processing schedule to obtain the date of processing for your request. A list of eligible dependent day care expenses is available on the Igoe Company website at www.goigoe.com.

In order for the expense referred to on this Dependent Day Care Provider Acknowledgement form to be reimbursed for this expense, attach it to a completed Reimbursement Request Form (available at www.goigoe.com). You may submit this documentation to Igoe Administrative Services via:

Email: flex@goigoe.com
Fax: 858-777-5424
U.S.P.S. Mail: Igoe Administrative Services
P.O. Box 501480
San Diego, CA 92150-1480