Child Care Claim

Elected Member



| Claim for a Recognised Provider | | | | |
|--|-------------|-----------------------------|--------|--|
| or | | | | |
| Claim for a Non-recognised Provider | | | | |
| If using a Non-recognised Provider, <u>please tick this box</u> to confirm this provider does not: | | | | |
| a) have a familial or like relationship with the Mayor or an Elected Member; or b) reside either permanently or temporarily with the Mayor or an Elected Member; or c) have a relationship with the Mayor or an Elected Member or his/her partner such that it would be inappropriate for Council to reimburse monies paid to the care provider. Details of Child Care Claim: | | | | |
| Name | of Provider | | | |
| Date of Care | | | | |
| Start time | | | | |
| Finish | | | | |
| Amount (incl. GST) | | \$ | | |
| Reason for Care* | | 7 | | |
| | | | | |
| | | PLEASE ATTACH RECEIPT TO CL | AIM | |
| *Eligible meetings to claim child care to attend: a) Council meetings and Council business related to Council meetings b) Council functions c) Meetings arising as a result of the Mayor or an Elected Member being appointed by the Council to an external body. | | | | |
| Elected Member Name: | | | | |
| Signature: | | | Date: | |
| CEO APPROVAL (YES / NO) | | | Date: | |
| Office Use: | | | Acct # | |
| | | | | |

Elected Member Child Care Claim Form 2025