



## AFFIDAVIT FOR DEBIT CARD DEPENDENT CARE EXPENSES

This form is to be completed by you and the provider when you have used your debit card for a Dependent Care (i.e. daycare) expense but have no receipts to submit to substantiate the expense.

**Company Name:** \_\_\_\_\_

**Employee Name** (Last, First, MI): \_\_\_\_\_

**ID Number:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Dependent Care Provider Name:** \_\_\_\_\_

**Expense Description:** \_\_\_\_\_ **Expense Amount:** \_\_\_\_\_

**For the period beginning (date):** \_\_\_\_\_ **and ending (date):** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Signature Date:** \_\_\_\_\_

### EMPLOYEE CERTIFICATION

I hereby certify that the Dependent Care provider I utilize, so that I, the employee, may work, did not provide me sufficient documentation to submit for substantiation of the expense. I am providing this affidavit in lieu of a receipt from the Dependent Care provider. I understand that by signing below, I am attesting that all the information provided is true and correct and I accept any liability (including tax and/or penalties) for incorrect information provided.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Submit this form with a copy of the Receipt Request Notification letter/email you received to:**

Fax: (847) 223-7343

Email: [processingteam@emangrove.com](mailto:processingteam@emangrove.com)

Mail: Mangrove, 945 Lakeview Parkway, Suite 170, Vernon Hills, IL 60061

### Questions/Inquiries:

Customer Care Line: (888) 862-6272

Customer Care Email: [customercare@emangrove.com](mailto:customercare@emangrove.com)