



Dependent Care Expense Account Receipt for Services

If your dependent care provider does not offer formal receipts, you may use this form to document services provided. Simply have the service provider complete this form, save a copy for your tax records, and submit a completed copy with your claim form to Navia.

Employee Information

First Name, Last Name	SSN
Employer Name	E-mail Address

Service Information

Provider Name	Provider's Tax ID or SSN#
Type of Service	Dependent Name and Age
Dates of Service (must be within current plan year or grace period) ____/____/____ through ____/____/____	Amount Charged

The above information is true and correct.

Provider Signature **Date**

E-mail: claims@naviabenefits.com
 Customer Service Line: 425-452-3500 or 800-669-3539