



## Day Care FSA 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.**

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### Employee Information

|                       |                     |
|-----------------------|---------------------|
| Last Name, First Name | SSN / Employee ID # |
|                       |                     |
| Employer Name         | Email 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) | Amount Charged            |
| ___/___/___ through ___/___/___                     |                           |
| The above information is true and correct.          |                           |
|                                                     |                           |
| Provider Signature                                  | Date                      |

Email: [claims@naviabenefits.com](mailto:claims@naviabenefits.com)  
Customer Service Line: (425) 452-3500 or  
(800) 669-3539