



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.**

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) ____/____/____ through ____/____/____	Amount Charged
The above information is true and correct.	
Provider Signature _____	Date _____

Email: claims@naviabenefits.com
Fax: (425) 451-7002 or toll-free (866) 535-9227
Customer Service Line: (425) 452-3500 or (800) 669-3539