

NIH NRSA CHILDCARE ALLOWANCE REIMBURSEMENT REQUEST FORM

Date of Request:

NIH Fellowship or Training Grant Award Number:

Oracle Project Number and Task:

Full Name of Fellow/Trainee:

Is the Fellow/Trainee a Graduate Student or Postdoctoral Scholar:

Name of Child(ren):

Name of Licensed Provider:

Amount Requested:

Award Budget Period:

Amount Paid for Childcare (must match attached invoices):

Balance Remaining (if any):

Attestation

I certify that my child(ren) meet(s) the eligibility requirements for the NIH NRSA childcare allowance ([NOT-OD-21-074](#)/[NOT-OD-21-177](#)). They are under 13 years of age or under 18 years of age (if disabled) and resided with me during the budget year.

Fellow/Trainee Signature: _____ Date: _____