# Dependent Care Pre-Approval Form Commissioners and Advisory Delegates to the 222nd General Assembly of the Presbyterian Church (U.S.A.)

**Name of Commissioner or Advisory Delegate:** Click here to enter text.  
**Date Submitted:** Click here to enter a date.

**The Dependent Care Policy for Commissioners and Advisory Delegates states that: "Consultation and pre-approval will be required for any non-traditional dependent care expenses, such as when a family member incurs travel expenses necessary to provide covered dependent care."**

**If you are expecting to submit reimbursement for non-traditional care, please complete this form and submit to: GAMeetingService@pcusa.org.**

**Total reimbursement is limited to $800 for first dependent and $400 for each additional dependent.**

**Please explain your request in the box below, including anticipated costs and number of dependents:**

Click here to enter text.

**If Committee on the Office of the General Assembly (COGA) representatives have any follow-up questions please provide:  
 email:** Click here to enter text. **phone:** Click here to enter text.

**Review by Committee On the Office of the General Assembly Representative**

**Approve:  Name of COGA Representative:** Click here to enter text.

**Disapprove:  Name of COGA Representative:** Click here to enter text.

**Comments:** Click here to enter text.

|  |
| --- |
| **More information on the COGA Dependent Care Policy:** |
| <http://www.pcusa.org/resource/dependent-care-reimbursement-policy-commissioners-/> |