



## Parent Fund/Reimbursement Request

*Use for: Policy Council Meeting/Trainings/Workshops/Etc.*

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

FW/HV: \_\_\_\_\_ Center: \_\_\_\_\_

### **Childcare Reimbursement**

**(\$15.00 per hour, per family)**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Total Hours \_\_\_\_\_

Provider Signature: \_\_\_\_\_

*Approved Reimbursement Amount:* \_\_\_\_\_

### **Mileage Reimbursement**

**(paid at the current IRS mileage reimbursement rate)**

Date: \_\_\_\_\_ Beginning Odometer: \_\_\_\_\_ Beginning Address: \_\_\_\_\_

Ending Odometer: \_\_\_\_\_ Meeting Address: \_\_\_\_\_

Total Miles: \_\_\_\_\_ *Approved Reimbursement Amount:* \_\_\_\_\_

### **Education/Literacy Reimbursement**

**(up to \$150)**

Date Begins: \_\_\_\_\_ Date Ends: \_\_\_\_\_ Class: \_\_\_\_\_

Verification of Completion attached (grades, receipt of payment etc.) Y or N

Total \$ amount of class requested: \_\_\_\_\_ *Approved Reimbursement Amount:* \_\_\_\_\_

**FW/HV Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Batch # \_\_\_\_\_ Vendor # \_\_\_\_\_

Account # \_\_\_\_\_ Amount # \_\_\_\_\_

**FSC Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_