



Parent Fund/Reimbursement Request

Use for: Policy Council Meeting

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 One Way: _____ x 2 = _____ (Round Trip)

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: _____