

SHASTA HEAD START CHILD DEVELOPMENT, INC.
Parent Fund/Reimbursement Request
Policy Council Meeting/Trainings/Workshops/Etc.

Parent Name: _____

Address: _____

Phone: _____

FW/HV: _____ Center: _____

Childcare Reimbursement

(\$10.00 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: _____ Ending Odometer: _____

Date: _____ Beginning Odometer: _____ Ending Odometer: _____

Date: _____ Beginning Odometer: _____ Ending Odometer: _____

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 # _____

PEC Signature: _____ **Date:** _____