

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**

**(\$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: \_\_\_\_\_ 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:** \_\_\_\_\_