

**REQUEST FOR CHILD CARE REIMBURSEMENT
UMATILLA-MORROW HEAD START POLICY COUNCIL FUND
PARENT CHILD CARE ACCOUNT**

I wish to request payment from the Head Start Parent Child Care Fund as follows: _____

(Write explanation of activity, location, date, items, etc.)

Days of Child Care _____ X \$ _____ = \$ _____
(\$15 for up to 2 children, \$20 for 3 children and \$25 for 4 children) daily reimbursement
If over 175 miles are traveled, actual cost for childcare will be reimbursed up to \$2.25/hr per child

Please send check to:

(is this a new address? ___ Yes ___ No)

Name _____

Address _____

City/State _____ Zip _____

RETURN TO: UMATILLA-MORROW HEAD START, INC.
110 NE 4th Street, Hermiston, OR 97838

Parent=s Signature _____

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Approved for payment by: _____

Paid by Check _____ Date: _____

**REQUEST FOR MILEAGE REIMBURSEMENT
UMATILLA-MORROW HEAD START POLICY COUNCIL FUND
PARENT TRAVEL ACCOUNT**

I wish to request payment from the Head Start Parent Travel Fund as follows: _____

(Write explanation of activity, location, date, items, etc.)

Round-Trip Mileage Reimbursement = \$ _____
(see below for rates)

Please send check to:

(is this a new address? ___ Yes ___ No)

Name _____

Address _____

City/State _____ Zip _____

RETURN TO: UMATILLA-MORROW HEAD START, INC.
110 NE 4th Street, Hermiston, OR 97838

Parent=s Signature _____

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Approved for payment by: _____

Paid by Check _____ Date: _____

ROUND-TRIP MILEAGE REIMBURSEMENT		
To: Hermiston		
Enterprise & John Day = \$28.00	Milton-Freewater = \$12.00	Irrigon = \$4.00
Pendleton & Athena = \$6.00	Heppner and Arlington = \$10.00	Boardman = \$5.00