

Policy Council Members / Alternates Reimbursement Form

Member Name: _____

Address: _____

Meeting Date: _____ Meeting Location: _____

Mileage

_____ (number of miles round trip) X \$.042 per mile (rate) = _____

Travel from homes must include odometer reading verifications; center to meeting mileage may use agency reference mileage chart detail. All information subject to audit / fiscal office review.

Informal Child Care for

Child(ren's) Names

This amount is not to exceed \$12 per day for one child or \$18 per day for two or more children if informal care is provided. Licensed day care centers actual rate may be claimed.

Child care provided by _____ Phone: _____

Address: _____

Note: Head Start assumes no liability for child care arrangements. Only members within federal income guidelines are eligible for child care expense reimbursement.

Amount paid for child care: _____

Office Use Only

Is check to be mailed or given to member today? Mailed _____ Given _____

Staff member providing immediate payments in anticipation of Agency reimbursement: _____

Amount expected: _____

Approved by: _____ Date: _____