

DAYCARE REIMBURSEMENT REQUEST

Name of Child: _____ Birth Date: _____

Foster Parents: _____

Reimbursement Month: _____ Year: _____

1. Please provide copies of invoices from Daycare provider, copies of proof of payment and submit with this form.
2. Please indicate the number of hours the child was in daycare each day and the cost for these hours.

(Do not write in the Fiscal Use portion of the form)

Week	Sun	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Total Hours	Total Cost	Fiscal Use Only
1.										
2.										
3.										
4.										
5.										
Total										

My signature on this request for daycare reimbursement certifies that the above information is accurate.

Foster Parent Signature: _____ **Date:** _____

Approved by:

Foster Care Caseworker: _____ Date: _____

Foster Care Supervisor: _____ Date: _____

Director of Social Services: _____ Date: _____