

**Reach Dane  
CHILD CARE PROVIDER PAYMENT REQUEST**

**Payment request for group child care services provided on-site at a parent training or event.**

**\*\*\*CHILD CARE PROVIDER MUST COMPLETE A NEW MEMORANDUM OF UNDERSTANDING EACH PROGRAM YEAR.**

**Issue check to:**

Provider Name	Telephone Number
Street Address	Provider Signature
City, State, Zip	

**Services Provided:**

Date	Start Time	End Time	Total Hours	Description of Child Care Services Provided and Purpose: PAC/FFN, HSPC, Parent Training, etc.	Site/Program	Verifying Staff Initials

**Approval Signatures:**

\_\_\_\_\_  
Family Engagement Manager                      Date

\_\_\_\_\_  
Executive Management    Date

FISCAL USE ONLY			
Rate	Hours	Total	Account Number
_____	x _____	= _____	_____
_____	x _____	= _____	_____
_____	x _____	= _____	_____
_____	x _____	= _____	_____
_____	x _____	= _____	_____
Data Entered: _____			
Initials		Date	