

## Reach Dane Parent Participation Expense Request

**Instructions:**

1. Complete this form in ink and submit at least on a monthly basis.
2. Include travel time from the time you leave home and the time it takes you to return home.
3. An In-Kind Contribution Form must be attached to receive reimbursement.
4. A minimum of 6 miles or \$3.00 is required to receive reimbursement.

Parent Name	Location
Street Address	Program
City, State, Zip	Parent Signature

DATE	MILEAGE	CHILD CARE (provided in parent's home)			ACTIVITY
	TOTAL MILES	START TIME	END TIME	TOTAL HOURS	

Head Start Verifying Signature	Date	FEMHM	Date	Executive Management Signature	Date
--------------------------------	------	-------	------	--------------------------------	------

FISCAL USE ONLY	Data Entered:
MILEAGE: <u>          </u> x <u>          </u> = <u>          </u> <u>          </u> # miles        rate            total            Account #	<u>          </u> Initials
MILEAGE: <u>          </u> x <u>          </u> = <u>          </u> <u>          </u> # miles        rate            total            Account #	<u>          </u> Date
MILEAGE: <u>          </u> x <u>          </u> = <u>          </u> <u>          </u> # miles        rate            total            Account #	
CHILD CARE: <u>          </u> x <u>          </u> = <u>          </u> <u>          </u> # hours        rate            total            Account #	<u>          </u> Initials
CHILD CARE: <u>          </u> x <u>          </u> = <u>          </u> <u>          </u> # hours        rate            total            Account #	<u>          </u> Date
CHILD CARE: <u>          </u> x <u>          </u> = <u>          </u> <u>          </u> # hours        rate            total            Account #	

**Reach Dane**  
**Solicitud de Gastos de la Participación de los Padres**

**Instrucciones:**

1. Complete esta forma y preséntela en mensualmente.
2. Incluya el tiempo de viaje del momento que sale de su casa y del momento que regresa para su casa.
3. Una forma de "In-Kind Contribution" debe ser adjunta a esta forma para recibir su reembolso.
4. Se requiere un recorrido minimo de 3 millas con un valor de 3 dólares para recibir reembolso.

Nombre de Padre/Madre	Localidad
Domicilio	Programa
Ciudad, Estado, Código Postal	Firma del Padre/Madre

	MILLAS	Cuidado del Niño(a) (En la casa de los Padres)			
FECHA	TOTAL DE MILLAS	HORA DE INICIO	HORA DE SALIDA	TOTAL DE HORAS	ACTIVIDAD

Firma Verificador de Head Start	Fecha	Firma del FEMHM	Fecha	Firma del Director(a)	Fecha
---------------------------------	-------	-----------------	-------	-----------------------	-------

FISCAL USE ONLY	Data Entered:
MILEAGE:    _____ x _____ = _____    _____ # miles            rate            total            Account #	_____ <b>Initials</b>
MILEAGE:    _____ x _____ = _____    _____ # miles            rate            total            Account #	_____ <b>Date</b>
MILEAGE:    _____ x _____ = _____    _____ # miles            rate            total            Account #	
CHILD CARE: _____ x _____ = _____    _____ # hours            rate            total            Account #	_____ <b>Initials</b>
CHILD CARE: _____ x _____ = _____    _____ # hours            rate            total            Account #	_____ <b>Date</b>
CHILD CARE: _____ x _____ = _____    _____ # hours            rate            total            Account #	