

Chicago Department of Family & Support Services
Children Services Division
Citywide Parent Policy Council

PARENT CHILD CARE REIMBURSEMENT VOUCHER FORM

<i>For Agency Use</i>		
<i>Delegate Agency</i>	<i>Site Name</i>	<i>Fund No.</i>
<i>Site Address</i>	<i>Zip Code</i>	<i>Phone No.</i>
<i>Parent's Name</i>		<i>Activity No.</i>
<i>Parent's Address</i>		<i>Account No.</i>
<i>Zip Code</i>		<i>Voucher No.</i>

TO BE COMPLETED BY COMPONENT COORDINATOR

DATE OF SERVICE	TIME	TOTAL HOURS	Per Diem Rate	AMOUNT DUE
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CERTIFICATION BY PARENT:

I, _____ certify that the information above is complete and correct and that I have received reimbursement for child care as indicated.

REIMBURSEMENT IS FOR: _____
Meeting/Activity _____ Date _____

PARENT SIGNATURE _____ DATE _____
I certify that the information above is completed and correct.

	<i>Flat Rate</i>	\$ _____
*DFSS Staff: _____ DATE _____	<i>Lunch</i>	\$ _____
Delegate Agency Staff _____ DATE _____	<i>Parking</i>	\$ _____
	<i>Total</i>	\$ _____