REIMBURSEMENT FOR: CHILD CARE COST FOR VOLUNTEERS IN SUPPORT OF

FAMILY PROGRAMS

NAME:_____ DATE:_____

ADDRESS:_____

DATE: _____ FOR: _____
(NUMBER OF CHILDREN)

TIME IN:_____ AMOUNT PER HOUR:_____

TIME OUT:_____ TOTAL NUMBER OF HOURS:_____

TOTAL COST:_____

CHILD CARE PROVIDER:_____

ADDRESS:_____ PHONE:_____

ACTIVITY:_____

APPROVED BY:_____
(NAME, TITLE OF APPROVING AUTHORITY)

RECEIVED:$_____

VOLUNTEER SIGNATURE:_____

SDNG Form 600-12-4R (1 AUG 97)