AGDAAGUX TRIBE OF KING COVE: CHILDCARE REQUEST FOR REIMBURSEMENT

Parent Name: _____ **Provider Name:** _____

Telephone #: _____ **Address:** _____

_____

Telephone #: _____

MONTH:

Child's Name = CN																	Total
Child's Birth = BD	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		Hrs
CN																	
BD																	
CN																	
BD																	
CN																	
BD																	
CN																	
BD																	
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
CN																	
BD																	
CN																	
BD																	
CN																	
BD																	
CN																	
BD																	
															TOTAL:		

*****NO PAYMENT will be authorized until this form is completed, signed, and proof of payment is received by ATC*****

I ceritfy that the above is true and correct to the best of my knowledge. I also certify that in accordance with State Regulations, I have paid my portion of last month's Attendance and Billing Report. Proof of payment made is enclosed.

I certify that the above is true and correct to the best of my knowledge. I also certify that in accordance with State Regulations, I have received payment from the parent's portion of last month's Attendance and Billing Report. Proof that I have made my portion of the payment is enclosed.

Parent's Signature **Date** **Provider's Signature** **Date**