



Just In Power Kids

Reimbursement Form

Relief (up to \$500)

Restore (up to \$100)

Name _____

Date _____

Address _____

Program: **Relief** or **Restore** (circle one)

This is for: **Child** or **Caregiver** (circle one)

<u>Receipt Date</u>	<u>Paid to</u>	<u>Amount</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

* you can attach an additional sheet as needed

Total Amount _____

Signed off by _____ (for office purposes)

Please submit by mail to Director of JIPK 1363 Progress way #385 Sykesville Md 21784 or email to director@justinpowerkids.org