**Upshur Human Resources, Inc.**

**Parent Reimbursement Form**

**Parent Period to**

**Center/Classroom**

**Mileage Reimbursement**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Purpose of Travel** | **From** | **To** | **Odometer****Start** | **Odometer****End** | **Total****Miles** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Child Care Reimbursement (Not to exceed rate paid to UHR Inc. Substitute Staff)**

|  |  |  |
| --- | --- | --- |
| **Date** | **Expense Description** | **Total** |
|  |  |  |
|  |  |  |

This expense statement is accurate and complete. The recorded expenses were necessary to the performance of my volunteer responsibilities with the agency. I understand that false information on this expense statement is reason for denial of payment. RECEIPTS MUST BE ATTACHED FOR CHILD CARE REIMBURSEMENT.

Parent Printed Name

Parent Signature Date

Policy Council Signature Date

Policy Council Signature Date

This form is to be completed and forwarded to Parent Involvement Coordinator for Policy Council approval. Following approval, it will be forwarded to the Fiscal/Personnel Manager for payment.