Childcare Reimbursement Form

SECTION A: This section should be completed by the volunteer. A signature from the volunteer supervisor is required for reimbursement.

Name: Last	First	MI	
Mailing Address:			Volunteer's Phone:
Place Volunteered:	Mailing Address:		Phone:
Date (s) volunteered:			Total hours volunteered:

*I certify that the above information is correct and accurate.

Signature of Volunteer X
Signature of Volunteer's Supervisor X

SECTION B: This should be filled out by the childcare provider.

Name of Child Care Provider: Last	First		Today's Date:
Mailing Address:			Phone:
Date (s) Child Care Provider Authorized:			Number of Children:
Total Hours:	Rate per Hour: $	Total Amount Received: $	Signature of Child Care Provider*: X

*I certify that the above information is correct and accurate.

NOTE: These funds are provided to the American Red Cross through local donations to the childcare restricted fund account.

SECTION C: This section should be filled out by the Red Cross Station Manager

Amount approved: $	Check number:	Check date:	Approved for payment by: X