

**PRIMARY / VOTING REPRESENTATIVE  
POLICY COUNCIL PER DIEM WORKSHEET  
LEECH LAKE EARLY CHILDHOOD PROGRAM**

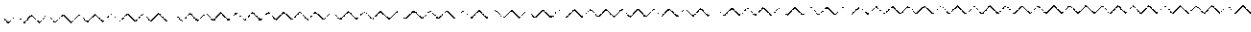
Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Center \_\_\_\_\_



**Request for Child Care Reimbursement**

Provider Name: \_\_\_\_\_

Date: \_\_\_\_\_

*(Cannot be a parent of this child)*

Children: \_\_\_\_\_

Age: \_\_\_\_\_

\_\_\_\_\_

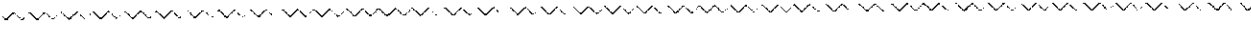
Age: \_\_\_\_\_

\_\_\_\_\_

Age: \_\_\_\_\_

Total amount requested for Child Care:

\$ \_\_\_\_\_



**COST ESTIMATE**

Mileage: \_\_\_\_\_ 1W / RT miles x .54 = \_\_\_\_\_

\$ \_\_\_\_\_

Child Care: \$2/ch per hr. x #of hrs. \_\_\_\_\_

\$ \_\_\_\_\_

*(Not to exceed 4 hours)*

TOTAL:

\$ \_\_\_\_\_

\_\_\_\_\_  
Member Signature / Date

\_\_\_\_\_  
Policy Council Chairperson Signature / Date

\_\_\_\_\_  
Lee Turney – ECD Director Signature / Date  
*(when Chairperson is not available)*