Child Care Approval Form

Date: _____

Oracle PTA Account String:_____

From:_____   TO:_____

Parent's Name   Name of Licensed Child Care Provider

Parent/Trainee's employee ID number _____

_____   _____

Parent's Address   Address of Child Care Provider

_____   _____

City, State, Zip Code   City, State, Zip Code

Amount Request: _____

Start Date of Child Care:_____   End Date of Child Care:_____

Attached documentation:
Payment of child care
Documenation showing Child Care is a licensed provider
Proof that the child is a dependent living in home

Authorized Department Approval_____   Date:_____

Grant Accountant Approval_____   Date:_____

Will not be approved for child care cost due to travel
Use object code 8706012 payment type prizes Award