Timesheets are due by 5 p.m. the 1st Friday of each month. Timesheets received after this will be processed with the next cycle. NO EXCEPTIONS

College of the Siskiyous
CARE PROGRAM
CHILDCARE REIMBURSEMENT SHEET

Student Name:_____ Child Name:_____

Provider Name:_____ Provider Phone #:_____

Date	Time In	Time Out	Type of Coverage	Parent Initials	Time In	Time Out	Type of Coverage	Parent Initials	Total Hours
8/21	8:00	12:00	Class	JD	6:00	8:00	Study	JD	6

Please complete and sign this portion. If this portion is not complete your reimbursement will not be processed.
By signing this form I affirm all information is accurate and true. If there are questionable times or amounts I understand I may not receive full reimbursement.

Total hours for the month _____

Amount charged per hour $_____

Total amount paid $_____

_____
(Student Signature)

_____
(Provider Signature)

For Staff Use Only

Date Received: _____
Initials of Staff Member: _____
Schedule & Units Verified: _____
Date Processed: _____