

Provider's Network 2013 Reimbursement Request Form

School Name: _____

Date: _____

Please itemize the education programs and/or materials that you are requesting reimbursement for. Please indicate the date(s) requested programs were held. Finally, please list the names of staff members who attended the program or are using the materials listed.

- ✗ Kids First will pay for each staff person to take any college course or specific training only one time. Conferences may be attended each year, since it is understood that people take different workshops at the conference each time.
- ✗ Activities that are not included in your plan will not be paid for without an approved change request.
- ✗ A transcript or certificate of completion will be required (in addition to a paid invoice) in order to claim reimbursement. Kids First reserves the right to require repayment of funds (to Kids First) if a class is not completed successfully for any reason or if the student does not stay in their current job for 6 months after the class ends.
- ✗ Reimbursements will be made quarterly.

Before you may claim a reimbursement for a college credit course from Kids First, you must provide a letter from T.E.A.C.H. that you applied for a T.E.A.C.H. Scholarship and the reason that you do not qualify. That information is found at: www.qualistar.org or 1-303-339-6807. *You need to tell them that you live in Pitkin County – the length of employment is 6 months and there is no salary cap – this is different than what is stated in their guidelines.* Kids First made these changes possible for people working in Licensed Pitkin County Childcare programs.

<u>Training/Class</u>	<u>Staff Name (s)</u>	<u>Cost-Receipt must be attached</u>
1		\$
2		\$
3		\$
4		\$
5		\$

TOTAL AMOUNT REQUESTED TO BE REIMBURSED FROM KIDS FIRST PROVIDER NETWORK FUND – USED FOR PROFESSIONAL DEVELOPMENT.

\$ _____

Please remember to fill out page two

Using the names given on the first page, please indicate what follow-up activities each individual has done as a result of this training or purchase of materials.

Please list these in the same order as the trainings listed on the first page. All trainings must have a corresponding follow-up activity listed.

<u>Staff Name(s)</u>	<u>Follow up Activity</u>
1	
2	
3	
4	
5	

✘ Funds will be reimbursed only when this fully completed form is returned to Kids First, with all receipts and documentation. Payment for classes denied by T.E.A.C.H. will be dependent on the reason for denial and will not be automatically reimbursed.

By my signature below, I hereby certify that this request for reimbursements is accurate in that I did expend the amounts listed for the reasons stated and that I am the responsible party for the expenses.

Date: _____ Printed Name: _____

Director Signature: _____

Please fax, email, or mail this completed form to:

Kids First
215 North Garmisch, Suite 1
Aspen, CO 81611
Phone: 920-5370
Fax: 920-5407
Email: shirley.ritter@cityofaspen.com