

**REQUEST FOR PARENT ACTIVITY FUNDS
UMATILLA-MORROW HEAD START POLICY COUNCIL FUND**

I wish to request funds from _____'s parent activity fund
(center)

For the amount of \$_____.

Please make check payable to:

Name: _____

Address: _____

In Payment of (full description): _____

In consideration of receiving this check, I understand that I must turn in all receipts and any unused portions of the check, and they must be equal to the value of the check or I will be responsible for reimbursing the account the amount of the check.

Date approved by Parent Committee _____

Parent Committee Chairperson _____

Center Staff _____

FOR OFFICE USE ONLY

Account: _____

Paid by check # _____

(Check amount)

(Receipts returned)

(Balance due to account)

Head Start or Family Engagement Director _____