

**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: _____

Address: _____

In Payment of (full description): _____

Date approved by Parent Committee _____

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.

Parent Committee Chairperson _____

Center Staff _____

	_____ Account
	Paid by check # _____
	_____ (Check amount)
	_____ (Receipts returned)
	_____ (balance due to account)
FOR OFFICE USE ONLY	
Executive Assistant _____	