

CHILD CARE STIPEND FORM

FAMILY MEMBER NAME: _____

VENDOR #: _____

ADDRESS: _____

PHONE: _____ (HOME) _____ (WORK)

DATE OF MEETING: _____ MEETING TIME: _____ TO _____

Leave Home at _____ a.m. p.m. Return to Home at _____ a.m. p.m.

TITLE OF MEETING: ICC Committee ICC Subcommittee
 OSEP Meeting Training
 Program Review Task Force
 Other: _____

SIGNATURE : _____ DATE: _____
Family Member

SIGNATURE: _____ DATE: _____
IDEA, Part C Staff

Important Note: Child Care Stipend Forms must have original signature in blue ink (form cannot be faxed).

You will receive an IRS form 1099 at the end of the year for tax purposes.

Completed Child Care Stipend Forms should be received by the IDEA Part C staff member no later than two weeks after meeting date. This is important for fiscal accountability. Forms received after state fiscal and grant year closures cannot be reimbursed.

**Please return completed forms to: IDEA Part C Office
1000 E. William St, Ste 105
Carson City, NV 89701**

State of Nevada, Dept of Health and Human Services, Director's Office, IDEA Part C Office Personnel To Complete Below:

APPROVED BY: _____ DATE: _____
IDEA Part C Coordinator

STIPEND RATE: _____ AMOUNT OF VOUCHER: _____

BUDGET ACCOUNT: 3276 CAT#: 33 ORG#: 1121 GL#: 7190