Circle One: School Readiness Program OR VPK Program

Provider Site Name: _____ Prepared By: _____

Address: _____ Month/ Year Referencing: _____

Telephone Number: _____

Why are you submitting this form? *(X one or both of the boxes below)

☐ Reclaiming reimbursement *(Insert reason below) ☐ Requesting reimbursement for new child enrollment

-Reclaim Reason_____

**DIRECTIONS: PLEASE READ FIRST**

This form is used to reclaim reimbursement for children not reimbursed in the previous month **and** to request reimbursement for new enrollments not yet appearing on the printed roll. Reclaims must be submitted 30 calendar days from the Market Day reimbursement reports are distributed. (**Ex:** Reimbursement reports distributed at Nov 2011 Market Day-reclaim requests due no later than Dec 2011 Market Day).

Enter the child's name below. Insert an **X** in the date box in which you are requesting reimbursement if the child was present on that day of the program. Insert an **H** in the box if you are requesting reimbursement for an authorized holiday. Insert an **A** in the box if you are requesting reimbursement for an extended absence. Please attach sign in/out sheets, doctor's notes, and/ or the VPK-03S or L forms as applicable. Reclaims for reimbursement **will not** be processed without valid documentation. Document reclaim reason (Ex: missing VPK03).

| Child Name | Date of the Month | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Total Paid / Total Reimbursable |
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| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
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*Please attach additional sheets as needed

Rev 11/1/11



Owner/ Director/Designee Name:_____ Signature:_____ Today's Date: _____