



LOS ANGELES UNIFIED SCHOOL DISTRICT

School Name

CHILDCARE REIMBURSEMENT FORM

Conference Name: _____

Location Name: _____

Date(s) of Conference: _____

Hours Attended + 2 (one hour before and one hour after conference): _____

Childcare Total: \$5.99 x (number of hours calculated above) =
Reimbursement Total: \$ _____

Name of Parent: _____

Name of Child, Age 0-5: _____

Age of Child, Age 0-5: _____

Name of Child, Age 6-13: _____

Name of Childcare Provider: _____
(Cannot be spouse)

MANDATORY ATTACHMENTS: Birth Certificate Record of Birth
(Please check and attach one) Court Order Demonstrating Guardianship

Name of Principal or District Administrator: _____

Signature of Principal or District Administrator: _____

Date: _____

Please attach this to your Request for Travel and Attendance Form 10.12.1 prior to attending the conference.