

Infant & Toddler Early Intervention Program

Part C of IDEA
Michigan Department of Education
Office of Great Start
Early Childhood Development & Family Education
P. O. Box 30008
Lansing, MI 48909



REQUEST FOR PARENT SUPPORT FUNDS

Parent's Name: _____

Phone: _____

Address: _____

City/State/Zip: _____

Date of meeting/activity: _____ **Type of meeting/activity attended:**

MICC meeting MICC Subcommittee meeting _____

Other _____

Time spent preparing for meeting/activity:

Date: _____ Total Time Spent: _____

Task(s) completed: _____

Departure and return times for travel to and attendance at meeting/activity:

Departure time: _____ Time spent at meeting/activity: _____

Return time: _____ Total Time: _____

Mileage (Round Trip): _____

Your earnings from Honorarium Reimbursements are taxable. You will need to report these earnings on your income taxes. If you are receiving services from government programs that are based on income eligibility, you need to report this amount to our caseworker within ten days.

Other expenses: *Please submit receipts with this section of the form.*

Lodging _____ Cabs _____

Tolls _____ Airfare _____

Tips _____ Conference Registration _____

Meal Allowance (per Diem)

Breakfast Lunch Dinner

Signature: _____ Date: _____

Mail to above address, attention: Barb Schinderle

Authorization: (MDE) _____ (The Arc) _____

Total hours amount: _____ Total Mileage: _____ Per Diem: _____

Amount approved: _____ Date: _____ Parent contact needed: _____

Date Paid: _____ Check#: _____ Account#: _____

Required conditions verified _____ Documentation of work assignment _____