NC Children and Youth Branch/Family Partner Reimbursement and Stipend Request Form

Name: _____ Email Address:_____

Mailing Address:_____City/Town_____Zip_____

Contact Phone:_____ check here if new: ⬡address ⬡email ⬡contact phone

I will use the information from this partnership by doing the following:

⬡Individual/personal Family Support ⬡ Education/Outreach to Other Families ⬡ Education/Outreach with Professional Partners
⬡Co-Training with Professional Partners ⬡ Broaden Partnership with Children and Youth Branch

Signature_____Date_____**complete page 2 ➡**

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****** This Section For Children & Youth Branch Staff Completion ONLY******

Code	ACTIVITY Category	Hours	Stipend Compensation Amount (I)
A	Presenter		$
B	Facilitator		$
C	Participant		$
D	Reviewer		$
E	Other (list)		$
	Total Activity		$

Code	REIMBURSEMENT Category	Amount	Reimbursement Compensation Amount (II)
F	Mileage (state rate)	# Miles:	$
G	Meals (state rate)	____B ____L ____D	$
H	Lodging (state rate) Receipt included	# nights:	$
J	Conference/Training Registration- Receipt included		$
K	Supplies – Receipt(s) included		$
L	Other (list) – Receipt(s) included		$
	Total Activity		$

TOTAL Compensation AMOUNT (Columns I & II) $_____

C&Y Staff Initials _____ Unit Manager Approval_____ Contract Administrator's Signature: _____ Date: _____

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Name:_____

Note: *Cumulative, hourly stipends greater than $600 reimbursed via grant administrator (Exceptional Children's Assistance Center)*
will require social security number for annual taxable income

#1. Activity/Event Name _____

Location_____**Date**_____

ACTIVITY Category (I)	Hours
Presenter Speaker or Panel Member on behalf of C&Y Branch	
Facilitator Facilitating Meeting, group, focus group on behalf of C&Y Branch	
Participant Participating in Advisory Committees, Work Groups, Task Force Teams, Planning Meeting, Policy Meetings, Interview Committees on behalf of C&Y Branch	
Reviewer Reviewing C&Y Branch documents, materials, Grant Applications	
Other (list): Presentation preparation on behalf of C&Y Branch (example)	

REIMBURSEMENT Category (II)	Amount
Mileage (state rate) round trip from home to activity destination via personal vehicle	# Roundtrip Miles:
Meals (state rate) Preapproval Required	____B ____L ____D
Lodging (state rate) Preapproval Required; RECEIPT Required	# nights:_____ Total $$:
Conference/Training Registration Preapproval Required, RECEIPT Required	$
Supplies (includes postage) Preapproval Required; RECEIPT Required	$
Other (list can include: air/ground transportation); Preapproval Required, RECEIPT required)	$_____ $_____ $_____

#2. Activity/Event Name _____

Location_____**Date**_____

ACTIVITY Category (I)	Hours
Presenter Speaker or Panel Member on behalf of C&Y Branch	
Facilitator Facilitating Meeting, group, focus group on behalf of C&Y Branch	
Participant Participating in Advisory Committees, Work Groups, Task Force Teams, Planning Meeting, Policy Meetings, Interview Committees on behalf of C&Y Branch	
Reviewer Reviewing C&Y Branch documents, materials, Grant Applications	
Other(list): Presentation preparation on behalf of C&Y Branch (example)	

REIMBURSEMENT Category (II)	Amount
Mileage (state rate) round trip from home to activity destination via personal vehicle	# Roundtrip Miles:
Meals (state rate) Preapproval Required	____B ____L ____D
Lodging (state rate) Preapproval Required; RECEIPT Required	# nights:_____ Total $$:
Conference/Training Registration Preapproval Required, RECEIPT Required	$
Supplies (includes postage) Preapproval Required; RECEIPT Required	$
Other (list can include: air/ground transportation); Preapproval Required, RECEIPT required)	$_____ $_____ $_____