

Return by the **5th of each month** by scanning and emailing to lalford@esc7.net or
Fax to Lori Alford at: 903-988-6945

**2018-2019 MONTHLY HEAD START
REIMBURSEMENT FOR
EARLY HEAD START PARENT TRAININGS/MALE INVOLVEMENT EVENT**

EHS Site: _____

Please check the correct reimbursement type below:

_____ Parent Training reimbursement is **\$30.00** per campus per month.

_____ Male Involvement reimbursement is **\$60.00** for L&M 1 and L&M 2 once a year.

Date of Training/Event: _____

Food Served:

Total: \$ _____

Signature: _____

***Attach meeting agenda and itemized invoice or receipt for each training/event.**

Region 7 Education Service Center is committed to student success by providing quality programs and services that meet or exceed our customers' expectations.