

# Home Group Childcare ZPC Check Request Form

4775 W. 116<sup>th</sup> St. Zionsville, IN 46077  
Phone (317) 873-6503 Fax (317) 873-8133



**Payable to:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Date of Request:** \_\_\_\_\_  
**Checks will be mailed unless special instructions are noted:**  
 \_\_\_\_\_  
 \_\_\_\_\_

Expense Account Number	Description of Item(s) Purchased for Reason/Event	Total Cost Of Item(s)	Ministry Department/Class
60550	Number of hours x Hourly Rate		Home Groups
<b>TOTAL</b>		\$	

Childcare Provider's Printed Name \_\_\_\_\_ Date \_\_\_\_\_  
*(Required.)*

Childcare Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Required.)*

Home Group Leader Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Required )*

Authorizing Signature  
 (Kristin Lehr or Scott Shelton) \_\_\_\_\_ Date \_\_\_\_\_