

Return form via email to Sue Pasquariello at spasq@pattan.net
Or mail to Attn. Sue Pasquariello, PaTTAN East,
333 Technology Drive, Malvern, PA 19355

**Form
Effective
08/14/2023**

Subcontractor/Non-Staff Travel and Subsistence Voucher

Participant Name: _____ Phone Number: _____

Address: _____

Email: _____

Project Name and Reason for Reimbursement:

National Autism Conference 2024: Family Childcare (children 0-5 yrs old) Reimbursement

Date(s)						
Child Caregiver Expenses <ul style="list-style-type: none"> For children ages 0-5 years old Up to \$15.00 per hour per family Up to 10 hours per day Child Caregiver Signature Needed 						
Totals						Grand Total:

This is a correct statement of expenses incurred:

Participant Signature: _____ Date: _____

Child Caregiver Signature: _____ Date: _____

Approved: _____ Date: _____

Childcare (for children 0-5 years old) Reimbursement needed while attending the National Autism Conference (in-person and virtually) will be covered. Childcare needed for travel time to and from the Conference is allowable. Signature of child caregiver required. DUE NO LATER THAN 9/5/24.

Childcare is reimbursed up to \$15.00 an hour, for a maximum of 10 hours per day. This is per family not per child (ages 0-5 years) amount. Child caregiver could include: a family member, friend, or a childcare agency. Primary caregiver cannot be reimbursed.

FOR OFFICE USE ONLY
Vendor No.: _____
Account No.: EITA 2272-329PA
Amount: _____