



Home Group Childcare ZPC Check Request Form

4775 W. 116th 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:

Date Of Meeting	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 of \$12 =		Home Groups
	TOTAL		\$	

Childcare Provider's Printed Name _____ Date _____
(Required)

Childcare Provider's Signature _____ Date _____
(Required)

Home Group Leader Signature _____ Date _____
(Required)

Authorizing Signature
(Scott Shelton) _____ Date _____