



# montana early childhood project

## Payment Claim Form

Professional Development Incentive Award—Higher Education (PDIA-HE)

Check here if submitting for PDIA—HE

**Required documents:**

- Payment Claim Form (this form)
- A completed W-9 tax form
- A copy of your semester transcripts that shows grades for courses listed on your Plan of Study

*(NOTE: Please type or print using blue or black ink.)*

Name: \_\_\_\_\_ PS# \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Employer Certification:**

I certify that \_\_\_\_\_ is currently working 15 or more hours per week with children in my program which is a state licensed or registered child care facility.

Signature of Director/Owner: \_\_\_\_\_

Name of Program: \_\_\_\_\_

PV #: \_\_\_\_\_

I certify all information given is true and correct.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

An individual must work a minimum of 15 hours a week in an early childhood facility that is either registered or licensed by the Department of Public Health and Human Services Quality Assurance Division.



FOR ECP OFFICE USE ONLY      Approved by: \_\_\_\_\_ Date: \_\_\_\_\_