TRANSMITTAL COVER SHEET

Documents delivered to the
Early Learning Coalition of Southwest Florida

DATE: __________________

ATTENTION: ________________________________________________________
(8ame of person/department to receive documents, if known)

☐ REIMBURSEMENT (Attendance sheets, payment)

☐ PROVIDER SERVICES (VPK or SR provider packets, notification of provider changes)

☐ PROGRAM SERVICES (Training, ASQ, TS GOLD)

☐ VPK CHILD ELIGIBILITY

☐ SR CHILD ELIGIBILITY

FROM:

Provider Name: ________________________________

Staff/Person Submitting: ________________________________

REASON / EXPLANATION OF DOCUMENTS SUBMITTED TO THE ELCSW:
(Please specify the documents, reasons for change, i.e. Director change, teacher change in VPK classroom, VPK child delete forms, SR provider forms etc.)

4/19/2013 mh