

REIMBURSEMENT FORM

CHILD'S NAME: _____

DATE OF BIRTH: _____

QUARTER REIMBURSEMENT REQUESTED (CIRCLE ONE)

SEPT-NOV

DEC-FEB

MAR-MAY

JUNE-AUG

RECEIPT LISTING-PURCHASED FROM

(EXAMPLE: Wal-Mart, Dillard's etc....)

DATE

AMOUNT

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL REQUESTED: \$ _____

Please attach **ORIGINAL ITENIZED RECEIPTS** showing purchases. **If requesting reimbursement for more than one child, with a writing pen, please indicate on the receipt which item is for which child.** One form per child.

I certify that I personally purchased the products as itemized on the attached receipt(s) for the above child(ren).

Date

Signature of Person Submitting Request (Foster Parent)