

Clothing Reimbursement Request

Child's Name: _____ **Child's DOB:** _____

Caseworker: _____

Please identify each item of clothing purchased (i.e. - socks, sweater, jeans, etc.) and attach the original receipt. If you are including more than one receipt, please sub-total each store.

Store Name	Item Description	Count	Unit Price	Total
<i>Total:</i>				

Total Reimbursement for this Child:

Name of Foster Parent: _____

Mailing Address: _____
Address

City _____ State _____ Zip _____

Signature of Foster Parent _____ Date _____