

Client Clothing Reimbursement Check

Dear Foster Parent:

Please complete the following information and attach your receipts to this form. Items purchased for client:

Client: _____

No. of Items Purchased	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Reimbursement receipts total to: \$ _____

Amount of this reimbursement check: \$ _____

Foster Parent's Signature

Date Received

cc: Accounting

