



# Clothing Reimbursement Form

FOSTER FAMILY: \_\_\_\_\_

CHILD: \_\_\_\_\_

DATE	ITEMS PURCHASED	QUANTITY	TOTAL
			TOTAL:

Caseworker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Please have the youth age 12 years or older sign the bottom of the receipt as well as the foster parent \*\***