

# Children First Family Services

Phone: 780-433-6760

Fax: 780-477-2038

**Must be submitted for payment 7 calendar days prior to pay day.**

## EXPENSE CLAIM FORM

FOSTER FAMILY:	CHILD ( <u>Use a separate sheet for each child</u> ):
TYPE OF EXPENSE = SCHOOL, RECREATION, ETC. <small>Group similar expenses together and subtotal if applicable.</small>	DATE OF CLAIM (Month/Year):

**ACCOUNTING USE**

DATE	TYPE OF EXPENSE <small>e.g. School, Rec. Vac., etc.)</small>	DETAILS	AMOUNT	WAITING FOR APPROVAL	Actual Payment Date
	<b>NOTE: PARKING &amp; BUS PASSES MUST BE CLAIMED ON THE MILEAGE LOG FORM</b>				
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Foster Parent Signature:	<b>\$\$ TOTAL: \$</b>
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**REMINDER: “No payment will be issued without receipts”. Please attach.**