



**SARNIA - LAMBTON CHILDREN'S AID SOCIETY**

**FOSTER CARE CHILD EXPENSE FORM**

<b>CHILD ID:</b>		<b>CASE ID</b>	
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CHILD'S NAME			EXPENSES	
DATE	FIRST NAME	LAST NAME	EXPENSE DESCRIPTION <i>(ATTACH RECEIPTS)</i>	AMOUNT

FOSTER PARENT SIGNATURE _____  CHILDREN'S SERVICES SUPERVISOR (PRINT NAME) _____  CHILDREN'S SERVICES SUPERVISOR SIGNATURE _____	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;"><b>TOTAL CLAIM</b></td> <td style="width:20%; text-align: center;">\$0.00</td> </tr> <tr> <td><b>TOTAL FOR RE-IMBURSEMENT</b></td> <td> </td> </tr> </table>	<b>TOTAL CLAIM</b>	\$0.00	<b>TOTAL FOR RE-IMBURSEMENT</b>	
<b>TOTAL CLAIM</b>	\$0.00				
<b>TOTAL FOR RE-IMBURSEMENT</b>					

Invoice # _____ Invoice Date _____ Vendor Code: _____ Total Amount Paid _____ Account # _____ Amount _____ GST Account # _____ Amount _____ Approval for Payment _____ Cheque # _____ Cheque Date _____ P/J # _____ C/R # _____	<ul style="list-style-type: none"> <li>✘ Original itemized receipts (NOT Photocopies, NO Debit / Credit Card Receipts) MUST be submitted with all claims.</li> <li>✘ For one receipt/multiple children – original receipt attached to one of the children. The only time photocopies of receipts will be allowed to be attached to other children is if multiple children on one receipt.</li> <li>✘ Expense claims shall be submitted by 2nd Wednesday of the month by 4:30 PM in a timely manner and at least within a three month period, excepting the end of year.</li> <li>✘ No expense claims submitted for a previous fiscal year shall be reimbursed submitted beyond April 15 of the next fiscal year.</li> </ul> <p align="center">FOSTER PARENT → WORKER → SUPERVISOR → ACCOUNTING</p>	<p><b>FOR ACCOUNTING USE ONLY DO NOT COMPLETE</b></p>
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