SARNIA-LAMBTON CHILDREN'S AID SOCIETY
FOSTER CARE CHILD EXPENSE FORM

PRINT NAME			DATE SUBMITTED		YEAR
	MONTH OF				

DATE	CHILD'S NAME		EXPENSE DESCRIPTION (ATTACH RECEIPTS)	AMOUNT	ACC'T CODE ACCOUNTING USE ONLY
	FIRST NAME	LAST NAME			
			PAGE TOTAL		

FOSTER CARE

FOSTER CARE

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DATE	CHILD'S NAME		EXPENSE DESCRIPTION (ATTACH RECEIPTS)	AMOUNT	ACC'T CODE ACCOUNTING USE ONLY
	FIRST NAME	LAST NAME			
FOSTER PARENT SIGNATURE				TOTAL CLAIM	
CHILDREN'S SERVICES SUPERVISOR (PRINT NAME)		CHILDREN'S SERVICES SUPERVISOR SIGNATURE		TOTAL FOR RE-IMBURSEMENT	

FOSTER CARE

FOR ACCOUNTING USE ONLY DO NOT COMPLETE

Invoice # _____ Invoice Date _____

Vendor code _____ Total Amount paid _____

Account # _____ Amount _____

GST Account # _____ Amount _____

Approval for Payment _____

Cheque # _____ Cheque Date _____

P/J # _____ C/R # _____

THIS AREA FOR OFFICE USE ONLY

Routing: → To Supervisor → Accounting