



CHILDREN'S AID SOCIETY
 362 MONTREAL STREET
 KINGSTON, ONTARIO
 K7K 3H5

Foster13

REQUEST FOR PAYMENT

Date: _____

Foster Parent: _____

Address: _____

Name of Child: _____

The following items were purchased by me for the child named above

ITEMS	COST
please attach receipts for all purchases	ADVANCE RECEIVED
	TOTAL OWING

Signature of Foster Parent: _____

Manager: _____

Worker: _____

PLEASE USE SEPARATE LINE FOR EACH TYPE OF EXPENSE. EXAMPLE: A SEPARATE LINE FOR A CLOTHING ITEM, A SEPARATE LINE FOR A SCHOOL SUPPLY ITEM, ETC.

* PLEASE USE SEPARATE FORM FOR EACH CHILD

SUBMIT BY 30th OF MONTH

FOSTER PARENT MILEAGE

CHILD	DATE LOCATION & REASONS TRAVELED	NUMBER OF KM (please indicate)
TOTAL		

Signature of:
 Foster Parent: _____
 Worker: _____
 Manager: _____

PLEASE PUT THE DATE FOR EACH TRIP