

HEALTH & SOCIAL SERVICE SCHOOL EXPENSE FORM

I am requesting reimbursement or a vendor layaway payment for my child for expenses that I personally purchased or placed on layaway for the current fiscal year for clothing as itemized below. I have attached all original supporting documentation of these expenses in good faith and to the best of my knowledge are eligible for payment.

Child's Name _____ ID #____ DOB _____ Grade _____ Proof of school enrollment must be provided every school year. Receipts must be for clothing on your school age (K-12) child only, with no groceries, cleaning supplies, etc. Please complete and attach along with your receipts the Health & Social Service Benefit/Direct to Vendor Claim Form. List the articles of clothing you are claiming rather than copy what appears on the receipt.

Parent/Guardian Signature _____

STORE NAME	DATE PURCHASED	CLOTHING ITEM	соѕт

TOTAL REQUESTED \$_____

Date _____