

 **The heart matters foster family agency**

**Quarterly County Clothing Receipt**

**Month/Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Child:** | **Resource Parent:** |
| **ASW:** | **Date Submitted:** |

\***Original receipts are to be submitted to ASW no later than 30 days after payment is received.**

**\*ASW’s will verify the correct amount of receipts is submitted.**

**\*Each child’s clothing must be on a separate receipt, there will be no split receipts.**

|  |  |
| --- | --- |
| **ASW Signature** | **Resource Parent Signature** |

**Tape *original* receipts below**