

DFCS FOSTER CARE INVOICE

1. Foster Home
 Institution
 Emerg. Shelter
 Respite
 Other
2. CASEWORKER NAME _____
3. CHILD'S NAME _____ AGE _____
4. UAS PROGRAM CODE (S) (CASEWORKER USE ONLY) _____

5. _____ COUNTY DFCS

6. _____
 Foster Home or Institution Address City State Zip Code

7. EXPENDITURES DESCRIPTION AMOUNT FUND SOURCE
 (PLEASE ATTACH RECEIPTS) (CASEWORKER USE ONLY)

	FROM	TO	Inclusive		
	FOR	DAYS @ \$	PER DAY		
a. PER DIEM					
b. CLOTHING					
c. SUPPLEMENTAL SUPERVISION					
d. MEDICAL					
e. INCIDENTALS (List)					
f. OTHER EXPENSES (List)					

8. GRAND TOTAL: \$ _____

I hereby certify that the above services have been rendered by me, and that payment, in whole or in part, has not been received from any source.

9. FOSTER PARENT SIGNATURE _____ DATE: _____

I hereby certify that this invoice has been checked and is approved for payment.

10. APPROVING AUTHORITY OR DESIGNEE SIGNATURE _____ DATE: _____

ITEMS 11-14 DFCS USE ONLY

11. VENDOR # _____ 12. CHILD'S # _____

13. EXPENDITURES	CODE	STATE	CODE	COUNTY	CODE	RESTRICTED	TOTAL
a. Per Diem – Regular	_____	_____	_____	_____	_____	_____	_____
b. Per Diem – Special	_____	_____	_____	_____	_____	_____	_____
c. AIDS Approved Per Diem	_____	_____	_____	_____	_____	_____	_____
d. State App. Per Diem Waivers	_____	_____	_____	_____	_____	_____	_____
e. Initial Clothing	_____	_____	_____	_____	_____	_____	_____
f. Annual Clothing	_____	_____	_____	_____	_____	_____	_____
g. Clothing (County/R.F.)	_____	_____	_____	_____	_____	_____	_____
h. Supplemental Supervision	_____	_____	_____	_____	_____	_____	_____
i. Child Restraint Devices	_____	_____	_____	_____	_____	_____	_____
j. Medical Needs	_____	_____	_____	_____	_____	_____	_____
k. Incidentals	_____	_____	_____	_____	_____	_____	_____
l. Written Waiver Item	_____	_____	_____	_____	_____	_____	_____
m. Other	_____	_____	_____	_____	_____	_____	_____
14. TOTALS:	_____	_____	_____	_____	_____	_____	_____

Green – Accounting/Green – Case Record/White – Foster Parent (if desired)