



# Pathways Family Services

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## Expense Reimbursement Form

<b>Foster Parent:</b>	<b>Foster Care Support Worker:</b>
<b>Date Submitted:</b>	<b>Child's Name:</b> (1 child/youth per form)

<b>DATE</b> (on receipt)	<b>DESCRIPTION</b>	<b>Expense Type</b>	<b>PURCHASE AMOUNT</b> (including GST)
<b>TOTALS =</b>			

\_\_\_\_\_  
Signature of Foster Parent

\_\_\_\_\_  
Foster Care Support Worker

\_\_\_\_\_  
Supervisor/Expenditure Officer