

SCHOOL PICTURE REIMBURSEMENT FORM

Foster Child's Name: _____

Foster Family: _____

Address: _____

TOTAL COST OF SCHOOL PICTURES: \$ _____

REIMBURSEMENT REQUESTED: \$ _____

- Receipt attached
- Three photos attached

NOTE: Maximum reimbursement is \$50.00 per child. Reimbursement may be done for yearly photos on preschool children.

Foster Parent Signature Date

CONFIRMED:

APPROVED:

Social Worker Date

Assistant Administrator Date