

# FOSTER PARENT PURCHASE REQUEST FORM

**To:** \_\_\_\_\_

**From:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Re:** The following is a request to incur costs for a foster child(ren)

Name of Child: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Item(s) Requested to Purchase: \_\_\_\_\_

\_\_\_\_\_

Reason for Expense to be Incurred: \_\_\_\_\_

Cost of Item(s): \_\_\_\_\_

Store or Business Name: \_\_\_\_\_

\_\_\_\_\_

Foster Parent Submitting

Request: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Executive Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

---

## FISCAL USE ONLY

Approval received by:	
Date:	
P.O. Number:	
Date:	
Copy to Foster Parent:	
Date:	
Cc: Caseworker & Supervisor	

All original receipts are to be attached to a Foster Parent Expense Report and submitted to Fiscal no later than the 25<sup>th</sup> of each month. Failure to submit this report and receipts may result in the foster parent being held personally liable for the expenditure.

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

(Fiscal Signature)

---

---