



FOSTER CHILD EXPENSE LIST

Please attach copies of all receipts.

Child's Name: _____

Month of Report: _____

Clothing:	Child's initials	Education:	Child's initials
Section total:		Section total:	

Personal Supplies:	Child's initials	Other Expenses	Child's initials
ALLOWANCE:			
Section total:		Section total:	

Amount youth contributed to savings: \$ _____ **Savings Balance: \$** _____

Foster Parent Signature: _____ **Youth Signature:** _____