

**CROSSROADS FAMILY SERVICES**



Crossroads

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**CHILD EXPENSE CLAIM SUMMARY – All Regions**

<b>CHILD</b> - Complete a separate form for each child:	<b>FOSTER FAMILY:</b>	<b>MONTH / YEAR:</b>

**REIMBURSABLE EXPENSES** – INCLUDE School expenses, Bus Passes, Medication, Glasses, Christmas gifts, Vacation, etc. For more detail see “Reimbursable Expenses” Form # 01

**Vacation and Recreation Funds** - **Prior Approval is required** by Case Worker and FCSW. Funds run from April 1st to March 31st.

DATE	TYPE OF FUND	DETAILS	AMOUNTS	ACCTG USE	
				WAITING FOR APPROVAL	payment
<b>RECREATION FUND</b>			\$ -		
<b>MILEAGE</b>			\$ -		
<b>PARKING</b>			\$ -		
<b>INFANT ALLOWANCE</b>			\$ -		
<b>INITIAL/INFANT INITIAL PLACEMENT FUND</b>			\$ -		
<b>PAGE TOTAL</b>			\$ -		

**REMINDER: “No payment will be issued without receipts” . Please attach.**

**Disclaimer:** By submitting this expense claim, I declare that all expenditures listed on this claim were incurred for the purpose stated.