

SAMPLE
CHILDREN'S SERVICES AUXILIARY
REIMBURSEMENT REQUEST FORM

DATE: **January 4, 2017** Child's Gender: **Female Male** is the child over the age 16? **Y N**

Payable to Name: **Mary and David Fosters**

Address: **1313 Mockingbird Lane**

City: **Ventura** State: **CA** Zip code: **90000** Phone Number: **(805) 865-5309**

Amount requested: \$**235.43**

PURPOSE OF REQUEST:

Softball Registration for Male/Female - \$165.00 and Softball glove \$70.43

By signing this document you are aware that Children's Services Auxiliary is not associated with Children & Family Services of Ventura County and all your information is private. We will not disclose information to anyone outside of Children & Family Services of Ventura County without your written request.

SUBMITTED BY: *Mary D. Foster*

Submit Claim ONCE ONLY via any of the following:

Mail: RDS Unit
4651 Telephone Rd, Suite 300
Ventura, CA 93004

Phone: 805-654-3220

Email: hsa-cfs-resources@ventura.org

CSA Office Use only – DO NOT WRITE Below this point:

Eligible: ILP Foster/Resource Family/Relative/Guardianship/Family Maintenance (choose 1)

BUDGET NUMBER: # _____ CATEGORY: _____

Verified By: _____

APPROVED BY: Check one

- Budget Allocation
- Spending Procedures

CSA Approval/Denial Signature: _____ Amount approved: \$ _____ Amount Denied: \$ _____

Reason for Denial: _____